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7. TABLES

7.1 Mental Health of the Population

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7.1.5 *Special Populations*

Table 1. Number and percentage of persons aged 18 or older with past year any mental illness (AMI) and serious mental illness (SMI), by selected characteristics, United States, 2009

[Data are based on a survey of a representative sample of the national population]

Characteristic	Past year AMI		Past year SMI	
	Number (1,000s)	Percent	Number (1,000s)	Percent
Total	**45,132**	**19.9**	**10,950**	**4.8**
Age				
18–25	10,068	30.0	2,456	7.3
26–49	22,113	22.3	5,859	5.9
50 or older	12,952	13.7	2,636	2.8
Sex				
Male	17,137	15.6	3,484	3.2
Female	27,995	23.8	7,466	6.4
Hispanic origin and race				
Not Hispanic or Latino	39,593	20.2	9,708	5.0
White	32,158	20.7	8,204	5.3
Black or African American	4,726	17.9	971	3.7
American Indian or Alaska Native	237	21.6	63	5.8
Native Hawaiian or Other Pacific Islander	123	16.7	*	*
Asian	1,556	15.5	203	2.0
Two or more races	793	32.7	235	9.7
Hispanic or Latino	5,539	17.8	1,242	4.0
Poverty status[1]				
Poor	8,291	30.0	2,526	9.1
Near poor	9,837	22.4	2,674	6.1
Not poor	26,567	17.2	5,664	3.7
Health insurance status[2]				
Private coverage	26,689	17.3	5,431	3.5
Medicaid/CHIP[3]	6,417	33.4	2,063	10.7
Other coverage[4]	8,505	16.1	2,098	4.0
No coverage	9,006	24.9	2,336	6.5
Geographic region				
Northeast	8,045	19.1	1,773	4.2
Midwest	10,094	20.3	2,708	5.4
South	16,257	19.6	4,032	4.9
West	10,736	20.5	2,436	4.7
County type				
Large metro	23,595	19.5	5,263	4.4
Small metro	13,935	20.2	3,565	5.2
Nonmetro	7,602	20.3	2,122	5.7
Current employment				
Full-time	19,628	17.1	4,118	3.6
Part-time	7,429	23.4	1,765	5.6
Unemployed	4,083	27.7	1,046	7.1
Other[5]	13,992	21.2	4,021	6.1

See notes on 87.

Table 1 notes

*Estimates are considered unreliable because of low precision.

[1] Poverty status is based on respondent age, family income, family size, and composition using the U.S. Census Bureau's poverty thresholds. "Poor" persons are defined as living in households where the family income is less than 100 percent of the U.S. Census poverty threshold. "Near poor" persons have incomes of 100 percent to less than 200 percent of the poverty threshold. "Not poor" persons have incomes that are 200 percent of the poverty threshold or greater.

[2] Respondents could indicate multiple types of health insurance; thus, these response categories are not mutually exclusive.

[3] CHIP is the Children's Health Insurance Program (formerly State Children's Health Insurance Program [SCHIP]). Individuals aged 19 or younger are eligible for this plan.

[4] Other health insurance is defined as having Medicare, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), TRICARE, Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA), Veterans Administration (VA), military health care, or any other type of health insurance.

[5] The other employment category includes retired persons, disabled persons, homemakers, students, or other persons not in the labor force.

NOTES: The National Survey on Drug Use and Health (NSDUH) is a nationally representative survey of the civilian, noninstitutionalized population of the United States aged 12 or older. The survey interviews approximately 67,500 persons each year.

Mental illness among persons aged 18 or older is defined according to two dimensions: (1) the presence of a diagnosable mental, behavioral, or emotional disorder in the past year (excluding developmental and substance use disorders) of sufficient duration to meet diagnostic criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV) (APA, 1994); and (2) the level of interference with or limitation of one or more major life activities resulting from a disorder (functional impairment). Adult NSDUH respondents' mental illness was determined based on modeling their responses to questions on distress (K6 scale) and impairment (truncated version of the World Health Organization Disability Assessment Schedule). Serious mental illness (SMI) among adults is defined as persons aged 18 or older who currently or at any time in the past year had a diagnosable mental, behavioral, or emotional disorder as defined above and resulting in substantial impairment in carrying out major life activities, based on Global Assessment of Functioning (GAF) scores of 50 or less. Any mental illness (AMI) among adults is defined as persons aged 18 or older who currently or at any time in the past year had a diagnosable mental, behavioral, or emotional disorder as defined above, regardless of the level of impairment in carrying out major life activities. AMI includes persons with mental illness having serious, moderate, or mild functional impairment; SMI is a subset of the AMI group.

SOURCE: National Survey on Drug Use and Health, 2009, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

Table 2. Percentage of persons aged 18 or older with a mental disorder, by severity, United States, 2001–2002

[Data are based on household interviews of a sample of the national population]

Disorder by disorder group	12-month prevalence (percent)	Serious severity[1] (percent)	Moderate severity[2] (percent)	Mild severity[3] (percent)
Anxiety disorder				
Panic disorder	2.7	42.6	36.7	20.7
Generalized anxiety disorder	2.7	35.7	46.5	17.7
Social phobia	7.1	37.7	44.5	17.7
Specific phobia	9.1	24.2	38.6	37.2
Agoraphobia without panic	0.9	42.9	36.4	20.7
Posttraumatic stress disorder	3.6	42.7	32.7	24.7
Adult separation anxiety disorder	1.9	51.7	31.6	16.6
Any anxiety disorder	19.0	27.3	40.0	32.6
Mood disorder				
Dysthymia	1.5	55.5	36.0	8.4
Major depressive disorder	6.8	41.5	47.5	11.0
Bipolar disorder	2.8	56.6	38.9	4.5
Any mood disorder	9.7	46.0	44.4	9.6
Impulse disorder				
Oppositional defiant disorder	1.0	60.7	20.0	19.3
Conduct disorder	1.0	34.7	20.1	45.2
Attention deficit hyperactivity disorder	4.1	37.8	26.5	35.8
Intermittent explosive disorder	4.1	32.9	44.6	22.5
Any impulse control disorder	10.5	32.9	36.8	30.3
Substance disorder				
Alcohol abuse	3.1	50.6	16.7	32.7
Alcohol dependence	1.3	98.3	1.7	0.0
Drug abuse	1.3	47.6	18.0	34.5
Drug dependence	0.4	100.0	0.0	0.0
Any substance use disorder	3.8	47.9	18.8	33.3
Any disorder				
Any	26.9	25.5	39.7	34.7
1 disorder	14.2	8.0	38.8	53.2
2 disorders	6.2	26.9	48.5	24.5
3+ disorders	6.6	61.6	33.4	5.0

[1] Twelve-month cases were classified as "serious severity" if they had any of the following: a suicide attempt in the past 12 months, work disability or substantial limitation due to a mental or substance disorder, positive screen results for nonaffective psychosis, bipolar I or II disorder, substance dependence with serious role impairment (as defined by disorder-specific impairment questions), an impulse control disorder with repeated serious violence, or any disorder that resulted in 30 or more days out of role in the year.

[2] Cases were defined as "moderate severity" if they had any of the following: suicide gesture, plan, or ideation; substance dependence without serious role impairment; at least moderate work limitation due to a mental or substance disorder; or any disorder with at least moderate role impairment in two or more domains of the Sheehan Disability Scale.

[3] All other cases meeting the criteria for a 12-month disorder were defined as "mild severity."

Table 2 notes *(continued)*

NOTES: The National Comorbidity Survey Replication is a nationally representative household survey of 9,282 English speakers aged 18 or older in the United States.

Percentages in the three severity columns are reported as proportions of all cases meeting the criteria for a 12-month mental disorder and sum to 100 percent across each row. Table originally published in Substance Abuse and Mental Health Services Administration (SAMHSA). (2010). *Mental Health, United States, 2008* (DHHS Publication No. SMA 10-4590). Rockville, MD: Center for Mental Health Services, SAMHSA.

Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) (APA, 1994) diagnoses were based on the *World Mental Health Composite International Diagnostic Interview* (Kessler & Ustun, 2004), a fully structured lay interview that generates diagnoses according to *International Classification of Diseases, 10th Revision* (ICD-10) (WHO, 1991) and DSM-IV criteria. DSM-IV criteria are used herein. Twelve-month disorders considered in this study included anxiety disorders (panic disorder, generalized anxiety disorder, social phobia, specific phobia, agoraphobia without panic disorder, posttraumatic stress disorder, separation anxiety disorder), mood disorders (dysthymia, major depressive disorder, bipolar disorder I or II), impulse control disorders (oppositional defiant disorder, conduct disorder, attention deficit hyperactivity disorder, intermittent explosive disorder), and substance use disorders (alcohol and drug abuse and dependence). See Kessler et al. (2005) for additional detail on the disorders presented.

SOURCES: National Comorbidity Survey Replication, 2001/2002, National Institute of Mental Health.

Kessler, R. C., Chiu, W. T., Demler, O., Merikangas, K. R., & Walters, E. E. (2005). Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry, 62*(6), 617–627.

Table 3. Number and percentage of persons aged 18 or older with a past year major depressive episode (MDE), by selected characteristics, United States, 2009

[Data are based on a survey of a representative sample of the national population]

Characteristic	Number (1,000s)	Percent
Total	**14,766**	**6.5**
Age		
18–25	2,656	8.0
26–49	7,514	7.6
50 or older	4,595	4.9
Sex		
Male	5,209	4.8
Female	9,557	8.2
Hispanic origin and race		
Not Hispanic or Latino	12,960	6.7
White	10,854	7.0
Black or African American	1,424	5.4
American Indian or Alaska Native	70	6.5
Native Hawaiian or Other Pacific Islander	*	*
Asian	320	3.2
Two or more races	251	10.4
Hispanic or Latino	1,805	5.9
Poverty status[1]		
Poor	2,840	10.4
Near poor	3,236	7.4
Not poor	8,580	5.6
Health insurance status[2]		
Private coverage	8,195	5.3
Medicaid/CHIP[3]	2,289	12.1
Other coverage[4]	3,027	5.8
No coverage	2,896	8.1
Geographic region		
Northeast	2,610	6.3
Midwest	3,353	6.8
South	5,400	6.6
West	3,403	6.5
County type		
Large metro	7,649	6.4
Small metro	4,538	6.6
Nonmetro	2,579	7.0
Current employment		
Full-time	6,130	5.4
Part-time	2,306	7.3
Unemployed	1,427	9.7
Other[5]	4,902	7.5

See notes on 91.

Table 3 notes

*Estimates are considered unreliable because of low precision.

[1] Poverty status is based on respondent age, family income, family size, and composition using the U.S. Census Bureau's poverty thresholds. "Poor" persons are defined as living in households where the family income is less than 100 percent of the U.S. Census poverty threshold. "Near poor" persons have incomes of 100 percent to less than 200 percent of the poverty threshold. "Not poor" persons have incomes that are 200 percent of the poverty threshold or greater.

[2] Respondents could indicate multiple types of health insurance; thus, these response categories are not mutually exclusive.

[3] CHIP is the Children's Health Insurance Program (formerly State Children's Health Insurance Program [SCHIP]). Individuals aged 19 or younger are eligible for this plan.

[4] Other health insurance is defined as having Medicare, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), TRICARE, Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA), Veterans Administration (VA), military health care, or any other type of health insurance.

[5] The other employment category includes retired persons, disabled persons, homemakers, students, or other persons not in the labor force.

NOTES: The National Survey on Drug Use and Health is a nationally representative survey of the civilian, noninstitutionalized population of the United States aged 12 or older. The survey interviews approximately 67,500 persons each year.

Major depressive episode (MDE) is defined as a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms. According to the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV) (APA, 1994), two or more MDEs are necessary to meet the criteria for recurrent major depressive disorder.

SOURCE: National Survey on Drug Use and Health, 2009, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

Table 4. Number and percentage of persons aged 18 or older with a past year major depressive episode (MDE), by age, sex, and Hispanic origin and race, United States, 2005–2009

[Data are based on a survey of a representative sample of the national population]

Characteristic	2005		2006		2007		2008		2009	
	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent
Total	**15,772**	**7.3**	**15,796**	**7.2**	**16,462**	**7.5**	**14,297**	**6.4**	**14,766**	**6.5**
Age										
18–25	3,135	9.7	2,920	9.0	2,891	8.9	2,862	8.7	2,656	8.0
26–49	8,358	8.4	8,482	8.5	8,417	8.5	7,302	7.4	7,514	7.6
50 or older	4,280	5.1	4,393	5.1	5,155	5.8	4,133	4.5	4,595	4.9
Sex										
Male	5,397	5.2	5,604	5.3	5,607	5.3	4,949	4.6	5,209	4.8
Female	10,375	9.3	10,191	9.0	10,855	9.5	9,348	8.1	9,557	8.2
Hispanic origin and race										
Not Hispanic or Latino	13,854	7.3	14,255	7.5	14,611	7.6	12,734	6.6	12,960	6.7
White	11,534	7.6	11,909	7.8	12,355	8.1	10,712	7.0	10,854	7.0
Black or African American	1,585	6.5	1,579	6.3	1,520	6.1	1,236	4.9	1,424	5.4
American Indian or Alaska Native	104	9.4	132	12.1	101	9.2	67	4.9	70	6.5
Native Hawaiian or Other Pacific Islander	*	*	48	5.8	*	*	*	*	*	*
Asian	324	3.6	273	3.0	275	2.9	345	3.6	320	3.2
Two or more races	221	10.1	315	14.3	278	12.1	294	12.7	251	10.4
Hispanic or Latino	1,918	7.0	1,541	5.4	1,851	6.3	1,564	5.2	1,805	5.9

*Estimates are considered unreliable because of low precision.

NOTES: The National Survey on Drug Use and Health is a nationally representative survey of the civilian, noninstitutionalized population of the United States aged 12 or older. The survey interviews approximately 67,500 persons each year.

Major depressive episode (MDE) is defined as a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms. According to the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV) (APA, 1994), two or more MDEs are necessary to meet the criteria for recurrent major depressive disorder.

SOURCE: National Survey on Drug Use and Health, 2005–2009, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

Table 5. Number and percentage of persons aged 18 or older with past 30-day serious psychological distress (SPD), by selected characteristics, United States, 2009

[Data are based on household interviews of a representative sample of the national population]

Characteristic	Number (1,000s)	Percent
Total[1]	**7,357**	**3.2**
Age		
18–44	3,609	3.3
45–64	2,965	3.7
65 or older	783	2.1
Sex		
Male	3,038	2.8
Female	4,319	3.7
Hispanic origin and race		
White-alone, non-Hispanic	4,917	3.1
Black-alone, non-Hispanic	1,123	4.2
Hispanic[2]	997	3.2
Other, non-Hispanic and multiple races	319	2.5
Poverty status		
Poor	2,399	8.4
Near poor	1,971	4.7
Not poor	2,987	1.9
Health insurance status (persons younger than age 65)[3]		
Private coverage[4]	2,144	3.5
Public	2,265	1.7
Other coverage	30	11.1
Uninsured	2,082	5.2
Health insurance status (persons aged 65 or older)[3]		
Private coverage[4]	364	1.5
Public, besides Medicare	162	6.6
Medicare only	252	2.2
Other coverage	0	0.0
Uninsured	6	2.0
Geographic region		
Northeast	1,182	3.0
Midwest	1,928	3.5
South	2,921	3.6
West	1,326	2.6

[1] Estimates are total, not age-adjusted.

[2] Persons of Hispanic or Latino origin may be of any race or combination of races.

[3] Health insurance status is unknown for approximately 0.50 percent of the adult population younger than age 65 and approximately 0.15 percent of the adult population aged 65 or older.

[4] The private category includes people with both private and public insurance.

Table 5 notes *(continued)*

NOTES: The National Health Interview Survey provides national estimates for a broad range of health measures for the U.S. civilian noninstitutionalized population. The interviewed sample for 2009 consisted of 33,856 households, which yielded 88,446 persons in 34,640 families.

Six psychological distress questions are included in the National Health Interview Survey's Sample Adult Core component. These questions ask how often a respondent experienced certain symptoms of psychological distress during the past 30 days. The response codes (0 to 4) of the six items for each person are summed to yield a scale ranging from 0 to 24. A value of 13 or more for this scale is used here to define serious psychological distress.

SOURCE: National Health Interview Survey, 2009, Centers for Disease Control and Prevention, National Center for Health Statistics.

Table 6. Number and percentage of persons aged 18 or older with past 30-day serious psychological distress (SPD), by age, sex, and Hispanic origin and race, United States, 2004–2009

[Data are based on household interviews of a representative sample of the national population]

Characteristic	2004		2005		2006		2007		2008		2009	
	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent
Total[1]	**6,578**	**3.1**	**6,469**	**3.0**	**6,575**	**3.0**	**6,047**	**2.7**	**7,061**	**3.1**	**7,357**	**3.2**
Age												
18–44	3,116	2.8	3,027	2.7	2,878	2.6	2,687	2.4	3,165	2.9	3,609	3.3
45–64	2,686	3.8	2,516	3.5	2,972	4.0	2,606	3.4	2,876	3.7	2,965	3.7
65 or older	776	2.2	927	2.7	724	2.0	755	2.1	1,020	2.7	783	2.1
Sex												
Male	2,434	2.4	2,361	2.3	2,569	2.4	2,084	1.9	2,807	2.6	3,038	2.8
Female	4,144	3.7	4,108	3.6	4,006	3.5	3,964	3.4	4,254	3.7	4,319	3.7
Hispanic origin and race[2]												
White-alone, non-Hispanic	4,669	3.0	4,388	2.8	4,493	2.9	4,090	2.6	5,013	3.2	4,917	3.1
Black-alone, non-Hispanic	836	3.4	910	3.7	959	3.7	794	3.0	926	3.5	1,123	4.2
Hispanic[3]	889	3.3	948	3.4	762	2.7	959	3.2	1,051	3.4	997	3.2

[1] Estimates are total, not age-adjusted.

[2] Estimates for other non-Hispanic and multiple races are not currently available.

[3] Persons of Hispanic or Latino origin may be of any race or combination of races.

NOTES: The National Health Interview Survey provides national estimates for a broad range of health measures for the U.S. civilian noninstitutionalized population. The interviewed sample for 2009 consisted of 33,856 households, which yielded 88,446 persons in 34,640 families.

Six psychological distress questions are included in the National Health Interview Survey's Sample Adult Core component. These questions ask how often a respondent experienced certain symptoms of psychological distress during the past 30 days. The response codes (0 to 4) of the six items for each person are summed to yield a scale ranging from 0 to 24. A value of 13 or more for this scale is used here to define serious psychological distress.

SOURCE: National Health Interview Survey, 2004–2009, Centers for Disease Control and Prevention, National Center for Health Statistics.

Table 7. Number and percentage of persons aged 18 or older with past 30-day serious psychological distress (SPD), by selected physical disorders, United States, 2009

[Data are based on household interviews of a representative sample of the national population]

Physical disorder	Number (1,000s)	Percent
Current asthma[1]	1,550	21.2
Lifetime diabetes[2]	1,220	17.2
Lifetime total heart disease[3]	1,825	24.9
Lifetime arthritic diagnosis[4]	3,218	43.8
History of any cancer[5]	924	12.6

[1] Respondents were asked in two separate questions if they had ever been told by a doctor or other health professional that they had asthma. Respondents who had been told they had asthma were asked if they still had asthma.

[2] Respondents were asked if they had ever been told by a doctor or other health professional that they had diabetes (or sugar diabetes; female respondents were instructed to exclude pregnancy-related diabetes). Responses from persons who said they had "borderline" diabetes were treated as unknown with respect to diabetes.

[3] Heart disease includes coronary heart disease, angina pectoris, heart attack, or any other heart condition or disease.

[4] Respondents were asked if they had ever been told by a doctor or other health professional that they had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia. Respondents who answered yes were classified as having an arthritis diagnosis.

[5] Respondents were asked if they had ever been told by a doctor or other health professional that they had a cancer or a malignancy of any kind. Respondents who answered yes were asked to name the kind of cancer they had.

NOTES: The National Health Interview Survey provides national estimates for a broad range of health measures for the U.S. civilian noninstitutionalized population. The interviewed sample for 2009 consisted of 33,856 households, which yielded 88,446 persons in 34,640 families.

Six psychological distress questions are included in the National Health Interview Survey's Sample Adult Core component. These questions ask how often a respondent experienced certain symptoms of psychological distress during the past 30 days. The response codes (0 to 4) of the six items for each person are summed to yield a scale ranging from 0 to 24. A value of 13 or more for this scale is used here to define serious psychological distress.

SOURCE: National Health Interview Survey, 2009, Centers for Disease Control and Prevention, National Center for Health Statistics.

7. TABLES

7.1 Mental Health of the Population

7.1.1 U.S. Population: Adults

7.1.2 ***U.S. Population: Children***
Tables 8–12

7.1.3 Substance Abuse

7.1.4 Suicide

7.1.5 Special Populations

Table 8. Percentage of persons aged 4 to 17 with reported emotional and behavioral difficulties, by level of severity and selected characteristics, United States, 2009

[Data are based on household interviews of a sample of the civilian noninstitutionalized population]

Characteristic	Definite or severe difficulties (percent)	Minor difficulties (percent)	No difficulties (percent)
Age and sex			
Total ages 4–17	5.3	13.7	81.0
Ages 4–7	3.2	11.6	85.3
Ages 8–10	6.3	15.6	78.1
Ages 11–14	5.6	14.3	80.0
Ages 15–17	6.5	14.0	79.5
Males ages 4–17	6.6	16.3	77.1
Ages 4–7	4.1	13.8	82.2
Ages 8–10	8.2	19.5	72.4
Ages 11–14	7.1	17.0	75.9
Ages 15–17	7.7	15.9	76.4
Females ages 4–17	3.9	11.0	85.1
Ages 4–7	2.1	9.1	88.8
Ages 8–10	4.4	11.7	83.9
Ages 11–14	4.1	11.5	84.4
Ages 15–17	5.3	12.0	82.7
Hispanic origin and race			
White-alone, non-Hispanic	5.5	13.9	80.7
Black-alone, non-Hispanic	7.0	17.6	75.4
Hispanic[1]	4.1	12.0	83.9
Other, non-Hispanic and multiple races	2.5	8.4	89.0
Poverty status[2]			
Poor	8.2	18.1	73.7
Near poor	6.5	14.6	79.0
Not poor	3.8	11.9	84.4

[1] Persons of Hispanic or Latino origin may be of any race or combination of races.

[2] Poverty status is based on respondent age, family income, family size, and composition using the U.S. Census Bureau's poverty thresholds. "Poor" persons are defined as living in households where the family income is less than 100 percent of the U.S. Census poverty threshold. "Near poor" persons have incomes of 100 percent to less than 200 percent of the poverty threshold. "Not poor" persons have incomes that are 200 percent of the poverty threshold or greater.

NOTES: The National Health Interview Survey provides national estimates for a broad range of health measures for the U.S. civilian noninstitutionalized population. The interviewed sample for 2009 consisted of 33,856 households, which yielded 88,446 persons in 34,640 families. A total of 12,404 children aged 17 or younger were eligible for the Sample Child Questionnaire. Children with emotional and behavioral difficulties are defined as those whose parent responded "yes, definite" or "yes, severe" to the following question on the Strengths and Difficulties Questionnaire: "Overall, do you think that (child) has any difficulties in one or more of the following areas: emotions, concentration, behavior, or being able to get along with other people?" Response choices were (1) no; (2) yes, minor difficulties; (3) yes, definite difficulties; and (4) yes, severe difficulties.

SOURCES: National Health Interview Survey, 2009, Centers for Disease Control and Prevention, National Center for Health Statistics.

Goodman, R. (1999). The extended version of the Strengths and Difficulties Questionnaire as a guide to child psychiatric caseness and consequent burden. *Journal of Child Psychology and Psychiatry, 40*(5), 791–799.

Table 9. Percentage of persons aged 8 to 15 with a past year mental disorder with or without severe impairment, United States, 2001–2004

[Data are based on evaluations of a sample of the civilian noninstitutionalized population]

DSM-IV–defined disorder	Disorder without severe impairment					Disorder with severe impairment[1]				
	Total (percent)	Male (percent)	Female (percent)	Aged 8 to 11 (percent)	Aged 12 to 15 (percent)	Total (percent)	Male (percent)	Female (percent)	Aged 8 to 11 (percent)	Aged 12 to 15 (percent)
Attention deficit hyperactivity disorder	8.6	11.6	5.4	9.9	7.4	7.8	10.8	4.7	9.1	6.7
Conduct disorder	2.1	2.3	1.9	1.5	2.7	1.7	2.0	1.4	1.2	2.2
Anxiety disorder	0.7	0.4	0.9	0.4	0.8	0.4	0.4	0.4	0.3	0.5
Generalized anxiety	0.3	0.3	0.4	0.1	0.7	0.2	0.3	0.1	0.0	0.4
Panic disorder	0.4	0.2	0.6	0.4	0.4	0.3	0.2	0.4	0.3	0.2
Eating disorder	0.1	0.1	0.2	0.1	0.2	0.0	0.0	0.1	0.0	0.1
Mood disorder	3.7	2.5	4.9	2.5	4.8	2.9	1.7	4.1	1.8	3.9
Major depression	2.7	1.8	3.7	1.6	3.8	2.4	1.6	3.2	1.4	3.2
Dysthymia	1.0	0.7	1.2	0.8	1.1	0.5	0.1	0.9	0.4	0.7
Any of above	13.1	14.5	11.6	12.8	13.4	11.3	13.0	9.4	11.0	11.5

[1] Disorder with severe impairment indicates two intermediate ratings or one severe rating on the six impairment questions regarding personal distress and social (at home or with peers) or academic difficulties.

Table 9 notes *(continued)*

NOTES: The National Health and Nutrition Examination Survey is a nationally representative probability sample of noninstitutionalized U.S. civilians. The sample shown includes 3,024 children aged 8 to 15 who were evaluated in person at mobile examination survey centers.

Diagnostic categories are not mutually exclusive. Disorder without impairment is the total prevalence for the population (i.e., the 12-month prevalence rate of attention deficit hyperactivity disorder with or without impairment is 8.6 percent). The notes and source for this table have been reordered at the express wish of the copyright holding organization. Mental disorders were assessed using the National Institute of Mental Health Diagnostic Interview Schedule for Children (DISC), Version IV, a structured diagnostic interview administered by lay interviewers to assess *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV) (APA, 1994) diagnostic criteria for mental disorders in children and adolescents. Diagnostic modules within DISC include an assessment of both symptoms and functional impairment. Six impairment items assess personal distress and social (at home or with peers) or academic difficulties within each diagnostic module; these items are rated from "mild" to "severe." This study assessed only certain childhood mental disorders by parent or youth report. Modules for generalized anxiety disorder (GAD), panic disorder, eating disorders (anorexia nervosa and bulimia nervosa), and major depressive disorder (MDD)/dysthymic disorder (DD) were administered to youth; and modules for MDD/DD, eating disorders, attention deficit hyperactivity disorder (ADHD), and conduct disorder were administered to the primary caretakers. The diagnoses of GAD and panic disorder were based on youth reports alone, the diagnoses of ADHD and conduct disorder were based on parent reports alone, and the diagnoses of MDD/DD and eating disorders were based on either youth or parent report. The prevalence of mental disorders found in this study may be underestimated due to study methods. This study did not assess two common childhood anxiety disorders: separation anxiety and phobias. And, as described above, certain diagnoses were assessed by either youth or parent report, counter to methods used in previous research. See Merikangas et al. (2010) for additional details on the disorders presented.

At the request of the publisher, Table 9a is the original, published form of the table, and the source reference is listed directly below the table.

SOURCE: Merikangas, K. R., He, J.-P., Brody, D., Fisher, P. W., Bourdon, K., & Koretz, D. S. (2010). Prevalence and treatment of mental disorders among US children in the 2001–2004 NHANES. *Pediatrics, 125*(1), 75–81. *Reproduced with permission from Pediatrics, 125*(1), 75–81, Copyright © 2010 by the American Academy of Pediatrics.

Table 9a. Percentage of persons aged 8 to 15 with a 12-month mental disorder with or without severe impairment, United States, 2001–2004: Original exhibit

Original title: Prevalence of 12-month, DSM-IV-defined disorders according to gender and age in US children 8 to 15 years of age

DSM-IV–Defined Disorder	Prevalence, Estimate ± SE, %									
	Disorder Without Impairment					Disorder With Severe Impairment (Level D)[a]				
	Gender		Age		Total (N = 3,042)	Gender		Age		Total (N = 3,042)
	Male (N = 1,492)	Female (N = 1,550)	8–11 y (N = 1,148)	12–15 y (N = 1,894)		Male (N = 1,492)	Female (N = 1,550)	8–11 y (N = 1,148)	12–15 y (N = 1,894)	
ADHD, all	11.6 ± 1.0	5.4 ± 0.6	9.9 ± 1.0	7.4 ± 1.0	8.6 ± 0.7	10.8 ± 0.9	4.7 ± 0.7	9.1 ± 1.0	6.7 ± 0.8	7.8 ± 0.7
	X^2_1 = 45.18, P < .001		X^2_1 = 3.23, P = .082			X^2_1 = 46.86, P < .001		X^2_1 = 4.29, P = .047		
Attention deficit	5.4 ± 0.9	3.1 ± 0.5	4.6 ± 0.8	4.0 ± 0.8	4.3 ± 0.6					
	X^2_1 = 5.59, P = .025		X^2_1 = 0.43, P = .517							
Hyperactivity	2.8 ± 0.7	1.2 ± 0.3	2.8 ± 0.7	1.3 ± 0.3	2.0 ± 0.4					
	X^2_1 = 4.56, P = .041		X^2_1 = 3.85, P = .059							
Combined	3.4 ± 0.4	1.1 ± 0.2	2.4 ± 0.5	2.1 ± 0.3	2.2 ± 0.2					
	X^2_1 = 20.99, P =<.001		X^2_1 = 0.27, P = .610							
Conduct disorder	2.3 ± 0.3	1.9 ± 0.5	1.5 ± 0.3	2.7 ± 0.5	2.1 ± 0.3	2.0 ± 0.3	1.4 ± 0.4	1.2 ± 0.2	2.2 ± 0.5	1.7 ± 0.3
	X^2_1 = 0.71, P = .406		X^2_1 = 5.76, P = .023			X^2_1 = 1.26, P = .271		X^2_1 = 3.90, P = .058		
Anxiety disorder	0.4 ± 0.2	0.9 ± 0.3	0.4 ± 0.2	0.8 ± 0.3	0.7 ± 0.2	0.4 ± 0.2	0.4 ± 0.2	0.3 ± 0.2	0.5 ± 0.2	0.4 ± 0.1
	X^2_1 = 1.74, P = .197		X^2_1 = 1.04, P = .317			X^2_1 = 0.004, P = .948		X^2_1 = 0.20, P = .656		
Generalized anxiety	0.3 ± 0.2	0.4 ± 0.2	0.1 ± 0.1	0.7 ± 0.3	0.3 ± 0.1	0.3 ± 0.2	0.1 ± 0.1	0.0 ± 0.0	0.4 ± 0.2	0.2 ± 0.1
	X^2_1 = 0.33, P = .569		X^2_1 = 3.54, P = .070			X^2_1 = 0.33, P = .571		X^2_1 = 3.29, P = .081		
Panic disorder	0.2 ± 0.1	0.6 ± 0.2	0.4 ± 0.2	0.4 ± 0.2	0.4 ± 0.1	0.2 ± 0.1	0.4 ± 0.2	0.3 ± 0.2	0.2 ± 0.1	0.3 ± 0.1
	X^2_1 = 2.51, P = .124		X^2_1 = 0.003, P = .955			X^2_1 = 0.71, P = .406		X^2_1 = 0.172, P = .681		
Eating disorder	0.1 ± 0.0	0.2 ± 0.1	0.1 ± 0.1	0.2 ± 0.1	0.1 ± 0.1	0.0 ± 0.0	0.1 ± 0.0	0.0 ± 0.0	0.1 ± 0.0	0.03 ± 0.01
	X^2_1 = 2.01, P = .167		X^2_1 = 1.07, P = .309			X^2_1 = 2.86, P = .101		X^2_1 = 2.85, P = .102		
Mood disorder	2.5 ± 0.7	4.9 ± 0.9	2.5 ± 0.7	4.8 ± 0.9	3.7 ± 0.6	1.7 ± 0.5	4.1 ± 0.8	1.8 ± 0.5	3.9 ± 0.8	2.9 ± 0.5
	X^2_1 = 6.64, P = .015		X^2_1 = 7.08, P = .012			X^2_1 = 7.37, P = .011		X^2_1 = 7.26, P = .011		
Major depression	1.8 ± 0.6	3.7 ± 0.8	1.6 ± 0.5	3.8 ± 0.8	2.7 ± 0.6	1.6 ± 0.5	3.2 ± 0.7	1.4 ± 0.4	3.2 ± 0.7	2.4 ± 0.5
	X^2_1 = 4.65, P = .039		X^2_1 = 10.00, P = .004			X^2_1 = 3.90, P = .058		X^2_1 = 7.65, P = .010		
Dysthymia	0.7 ± 0.3	1.2 ± 0.4	0.8 ± 0.4	1.1 ± 0.3	1.0 ± 0.3	0.1 ± 0.1	0.9 ± 0.4	0.4 ± 0.2	0.7 ± 0.3	0.5 ± 0.2
	X^2_1 = 1.53, P = .225		X^2_1 = 0.28, P = .601			X^2_1 = 4.73, P = .038		X^2_1 = 0.91, P = .348		
Any of above	14. 5 ± 1.0	11.6 ± 1.1	12.8 ± 1.3	13.4 ± 1.2	13.1 ± 0.9	13.0 ± 0.9	9.4 ± 1.2	11.0 ± 1.1	11.5 ± 1.3	11.3 ± 0.9
	X^2_1 = 6.47, P = .016		X^2_1 = 0.12, P = .731			X^2_1 = 9.73, P = .004		X^2_1 = 0.10, P = .758		

See notes on page 102.

Table 9a notes

[a] Impairment level D indicates ≥2 intermediate or 1 severe rating on the 6 impairment questions regarding personal distress and social (at home or with peers) or academic difficulties.

SOURCE: Merikangas, K. R., He, J.-P., Brody, D., Fisher, P. W., Bourdon, K., & Koretz, D. S. (2010). Prevalence and treatment of mental disorders among US children in the 2001–2004 NHANES. *Pediatrics, 125*(1), 75–81.

NOTES: Reproduced with permission from *Pediatrics, 125*(1), 75–81, Copyright © 2010 by the American Academy of Pediatrics.

At the request of the publisher, Table 9a is the original, published form of the table.

Table 10. Number and percentage of persons aged 3 to 17 ever told of having attention deficit hyperactivity disorder, by selected characteristics, United States, 2009

[Data are based on household interviews of a sample of the national population]

Characteristic	Number (1,000s)	Age-adjusted percent[1]
Total[2]	**5,288**	**8.6**
Age[3]		
3–4	133	1.5
5–11	2,121	7.6
12–17	3,035	12.2
Sex		
Male	3,689	11.8
Female	1,599	5.3
Hispanic origin and race		
One race[4]	5,012	8.5
White	4,057	8.7
Black or African American	904	9.8
American Indian or Alaska Native	*	*
Asian	21	0.8
Native Hawaiian or Other Pacific Islander	*	*
Two or more races[5]	277	13.4
Black or African American and white	158	16.8
American Indian or Alaska Native and white	74	16.1
Hispanic or Latino origin and race[6]	—	—
Hispanic or Latino	659	5.1
Mexican or Mexican American	395	4.4
Not Hispanic or Latino	4,629	9.5
White, single race	3,460	9.9
Black or African American, single race	857	10.0
Poverty status[7]		
Poor	1,215	11.0
Near poor	1,372	10.7
Not poor	2,384	7.2
Health insurance status[8]		
Private coverage	2,497	7.1
Medicaid or other public	2,321	12.6
Other coverage	137	8.2
Uninsured	305	5.1
Geographic region		
Northeast	1,013	9.6
Midwest	1,432	9.7
South	2,089	9.8
West	754	5.1
Place of residence[9]		
Large MSA	2,381	7.4
Small MSA	1,811	9.6
Not in MSA	1,096	10.8

See notes on page 104.

Table 10 notes

— Data not available.

*Estimates are considered unreliable because of low precision.

[1] Estimates are age adjusted using the projected 2000 U.S. population as the standard population and using age groups 3 to 4 years, 5 to 11 years, and 12 to 17 years.

[2] Total includes other races not shown separately and children with unknown family structure, parent's education, family income, poverty status, health insurance, or current health status. Additionally, numbers within selected characteristics may not add to totals because of rounding.

[3] Estimates for age groups are not age adjusted.

[4] In accordance with the 1997 standards for Federal data on race and Hispanic or Latino origin, the category "one race" refers to persons who indicated only a single race group. Persons who indicated a single race other than the groups shown are included in the total for "one race" but are not shown separately due to small sample sizes. Therefore, the frequencies for the category "one race" will be greater than the sum of the frequencies for the specific groups shown separately.

[5] The category "two or more races" refers to all persons who indicated more than one race group. Only two combinations of multiple race groups are shown due to small sample sizes for other combinations. Therefore, the frequencies for the category "two or more races" will be greater than the sum of the frequencies for the specific combinations shown separately.

[6] Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category "Not Hispanic or Latino" refers to all persons who are not of Hispanic or Latino origin, regardless of race.

[7] Poverty status is based on respondent age, family income, family size, and composition using the U.S. Census Bureau's poverty thresholds. "Poor" persons are defined as living in households where the family income is less than 100 percent of the U.S. Census poverty threshold. "Near poor" persons have incomes of 100 percent to less than 200 percent of the poverty threshold. "Not poor" persons have incomes that are 200 percent of the poverty threshold or greater.

[8] Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category "Uninsured" includes persons who had no coverage as well as persons who had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care.

[9] MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more, and small MSAs have a population size of less than 1 million. "Not in MSA" consists of persons not living in a metropolitan statistical area.

NOTES: The National Health Interview Survey provides national estimates for a broad range of health measures for the U.S. civilian noninstitutionalized population. The interviewed sample for 2009 consisted of 33,856 households, which yielded 88,446 persons in 34,640 families. A total of 12,404 children aged 17 or younger were eligible for the Sample Child Questionnaire, and data were collected for 11,156 sample children.

Attention deficit hyperactivity disorder is based on the question, "Has a doctor or health professional ever told you that your child had attention deficit hyperactivity disorder (ADHD) or attention deficit disorder (ADD)?"

SOURCE: Sondik, E. J., Madans, J. H., & Gentleman, J. F. (2010). Summary health statistics for U.S. children: National Health Interview Survey, 2009. *Vital and Health Statistics, 10*(247). Hyattsville, MD: National Center for Health Statistics.

Table 11. Number and percentage of persons aged 12 to 17 with a past year major depressive episode (MDE), by selected characteristics, United States, 2009

[Data are based on a survey of a representative sample of the national population]

Characteristic	Number (1,000s)	Percent
Total	**1,950**	**8.1**
Age		
12–13	331	4.6
14–15	739	8.8
16–17	881	10.4
Sex		
Male	574	4.7
Female	1,376	11.7
Hispanic origin and race		
Not Hispanic or Latino	1,589	8.2
White	1,174	8.3
Black or African American	286	7.9
American Indian or Alaska Native	9	7.5
Native Hawaiian or Other Pacific Islander	*	*
Asian	73	7.6
Two or more races	41	7.9
Hispanic or Latino	361	7.7
Poverty status[1]		
Poor	338	7.4
Near poor	462	8.6
Not poor	1,151	8.1
Health insurance status[2]		
Private coverage	1,193	7.8
Medicaid/CHIP[3]	562	8.1
Other coverage[4]	95	8.9
No coverage	179	9.8
Geographic region		
Northeast	293	7.0
Midwest	455	8.6
South	667	7.6
West	536	9.3
County type		
Large metro	1,017	8.0
Small metro	607	8.1
Nonmetro	326	8.5

See notes on page 106.

Table 11 notes

*Estimates are considered unreliable because of low precision.

[1] Poverty status is based on respondent age, family income, family size, and composition using the U.S. Census Bureau's poverty thresholds. "Poor" persons are defined as living in households where the family income is less than 100 percent of the U.S. Census poverty threshold. "Near poor" persons have incomes of 100 percent to less than 200 percent of the poverty threshold. "Not poor" persons have incomes that are 200 percent of the poverty threshold or greater.

[2] Respondents could indicate multiple types of health insurance; thus, these response categories are not mutually exclusive.

[3] CHIP is the Children's Health Insurance Program (formerly State Children's Health Insurance Program [SCHIP]). Individuals aged 19 or younger are eligible for this plan.

[4] Other health insurance is defined as having Medicare, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), TRICARE, Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA), Veterans Administration (VA), military health care, or any other type of health insurance.

NOTES: The National Survey on Drug Use and Health is a nationally representative survey of the civilian, noninstitutionalized population of the United States aged 12 or older. The survey interviews approximately 67,500 persons each year. In 2009, 22,626 youth aged 12 to 17 were interviewed.

Major depressive episode (MDE) is defined as a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms. According to the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV) (APA, 1994), two or more MDEs are necessary to meet the criteria for recurrent major depressive disorder.

SOURCE: National Survey on Drug Use and Health, 2009, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

Table 12. Number and percentage of persons aged 12 to 17 with a past year major depressive episode (MDE), by selected characteristics, United States, 2004–2009

[Data are based on a survey of a representative sample of the national population]

Characteristic	2004		2005		2006		2007		2008		2009	
	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent
Total	**2,225**	**9.0**	**2,191**	**8.8**	**1,969**	**7.9**	**2,016**	**8.2**	**2,014**	**8.3**	**1,950**	**8.1**
Age												
12–13	445	5.4	417	5.2	383	4.9	336	4.3	364	4.8	331	4.6
14–15	783	9.2	811	9.5	685	7.9	706	8.4	703	8.4	739	8.8
16–17	997	12.3	964	11.5	901	10.7	973	11.5	947	11.1	881	10.4
Sex												
Male	637	5.0	571	4.5	540	4.2	582	4.6	538	4.3	574	4.7
Female	1,588	13.1	1,620	13.3	1,429	11.8	1,433	11.9	1,476	12.4	1,376	11.7
Hispanic origin and race												
Not Hispanic or Latino	1,848	8.9	1,802	8.7	1,610	7.9	1,691	8.4	1,666	8.4	1,589	8.2
White	1,413	9.2	1,390	9.1	1,215	8.1	1,282	8.7	1,253	8.7	1,174	8.3
Black or African American	287	7.7	288	7.6	245	6.4	293	7.8	260	7.0	286	7.9
American Indian or Alaska Native	13	7.8	10	6.1	12	9.3	7	4.6	13	10.1	9	7.5
Native Hawaiian or Other Pacific Islander	*	*	*	*	*	*	*	*	*	*	*	*
Asian	82	8.3	63	6.0	77	7.6	67	6.8	72	7.6	73	7.6
Two or more races	51	11.7	41	10.5	53	13.0	41	10.0	59	12.0	41	7.9
Hispanic or Latino	377	9.1	389	9.1	359	8.0	324	7.1	348	7.5	361	7.7

*Estimates are considered unreliable because of low precision.

NOTES: The National Survey on Drug Use and Health is a nationally representative survey of the civilian, noninstitutionalized population of the United States aged 12 or older. The survey interviews approximately 67,500 persons each year. The youth aged 12 to 17 sample includes approximately 22,500 respondents each year.

Major depressive episode (MDE) is defined as a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms. According to the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV) (APA, 1994), two or more MDEs are necessary to meet the criteria for recurrent major depressive disorder.

SOURCE: National Survey on Drug Use and Health, 2004–2009, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

7. TABLES

7.1 Mental Health of the Population

7.1.1 U.S. Population: Adults

7.1.2 U.S. Population: Children

7.1.3 ***Substance Abuse***
Tables 13–14

7.1.4 Suicide

7.1.5 Special Populations

Table 13. Number and percentage of persons aged 18 or older with past year any mental illness (AMI), serious mental illness (SMI), or major depressive episode (MDE), by substance dependence or abuse status, United States, 2009

[Data are based on a survey of a representative sample of the national population]

Dependence or abuse status	No past year mental illness		Past year AMI		Past year SMI		Past year MDE	
	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent
Dependence								
Both illicit drugs and alcohol	408	0.2	814	1.8	333	3.0	372	2.5
Illicit drugs and/or alcohol	5,406	3.0	6,098	13.5	2,064	18.8	2,415	16.4
Illicit drugs only	1,724	0.9	2,582	5.7	946	8.6	1,025	6.9
Alcohol only	4,091	2.2	4,330	9.6	1,451	13.2	1,761	11.9
Dependence or abuse								
Both illicit drugs and alcohol	1,070	0.6	1,705	3.8	682	6.2	664	4.5
Illicit drugs and/or alcohol	11,904	6.5	8,892	19.7	2,814	25.7	3,305	22.4
Illicit drugs only	2,581	1.4	3,462	7.7	1,265	11.6	1,264	8.6
Alcohol only	10,393	5.7	7,135	15.8	2,231	20.4	2,704	18.3

See notes on page 111.

Table 13 notes

NOTES: The National Survey on Drug Use and Health (NSDUH) is a nationally representative survey of the civilian, noninstitutionalized population of the United States aged 12 or older. The survey interviews approximately 67,500 persons each year.

Mental illness among persons aged 18 or older is defined according to two dimensions: (1) the presence of a diagnosable mental, behavioral, or emotional disorder in the past year (excluding developmental and substance use disorders) of sufficient duration to meet diagnostic criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV) (APA, 1994); and (2) the level of interference with or limitation of one or more major life activities resulting from a disorder (functional impairment). Adult NSDUH respondents' mental illness was determined based on modeling their responses to questions on distress (K6 scale) and impairment (truncated version of the World Health Organization Disability Assessment Schedule). Serious mental illness (SMI) among adults is defined as persons aged 18 or older who currently or at any time in the past year had a diagnosable mental, behavioral, or emotional disorder as defined above and resulting in substantial impairment in carrying out major life activities, based on Global Assessment of Functioning (GAF) scores of 50 or less. AMI among adults is defined as persons aged 18 or older who currently or at any time in the past year had a diagnosable mental, behavioral, or emotional disorder as defined above, regardless of the level of impairment in carrying out major life activities. AMI includes persons with mental illness having serious, moderate, or mild functional impairment; SMI is a subset of the AMI group. No mental illness includes adults who did not meet the criteria for any mental illness in the past year. Major depressive episode (MDE) is defined as a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms. According to DSM-IV, two or more MDEs are necessary to meet the criteria for recurrent major depressive disorder. See Table 1 for number of persons with past year AMI and SMI and Table 3 for number of persons with past year MDE. Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotropic medications used nonmedically, based on data from original questions not including methamphetamine items added in 2005 and 2006. Dependence or abuse is based on definitions in DSM-IV. Substance abuse and dependence are broad categories associated with a pattern of substance use that leads to clinically significant impairment. Abuse may include symptoms such as failure to fulfill major role obligations, legal problems, use in situations that are physically hazardous, and continued use despite persistent social or interpersonal problems. Substance dependence symptoms may include drug taking in larger amounts than intended, inability to cut down on drug use, a great deal of time spent on activities necessary to obtain the drug, and continued use despite knowledge of health or social problems caused by the drug.

SOURCE: National Survey on Drug Use and Health, 2009, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

Table 14. Number and percentage of persons aged 12 to 17 with a past year major depressive episode (MDE), by substance dependence or abuse status, United States, 2009

[Data are based on a survey of a representative sample of the national population]

Dependence or abuse status	Number (1,000s)	Percent
Dependence		
Both illicit drugs and alcohol	53	2.7
Illicit drugs and/or alcohol	237	12.2
Illicit drugs only	164	8.4
Alcohol only	126	6.5
Dependence or abuse		
Both illicit drugs and alcohol	110	5.6
Illicit drugs and/or alcohol	368	18.9
Illicit drugs only	246	12.6
Alcohol only	231	11.9

NOTES: The National Survey on Drug Use and Health is a nationally representative survey of the civilian, noninstitutionalized population of the United States aged 12 or older. The survey interviews approximately 67,500 persons each year. In 2009, 22,626 youth aged 12 to 17 were interviewed.

Major depressive episode (MDE) is defined as a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms. According to the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV) (APA, 1994), two or more MDEs are necessary to meet the criteria for recurrent major depressive disorder. See Table 12 for number of youth aged 12 to 17 with past year MDE. Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotropic medications used nonmedically, based on data from original questions not including methamphetamine items added in 2005 and 2006. Dependence or abuse is based on definitions in DSM-IV. Substance abuse and dependence are broad categories associated with a pattern of substance use that leads to clinically significant impairment. Abuse may include symptoms such as failure to fulfill major role obligations, legal problems, use in situations that are physically hazardous, and continued use despite persistent social or interpersonal problems. Substance dependence symptoms may include drug taking in larger amounts than intended, inability to cut down on drug use, a great deal of time spent on activities necessary to obtain the drug, and continued use despite knowledge of health or social problems caused by the drug.

SOURCE: National Survey on Drug Use and Health, 2009, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

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Table 15. Number and age-adjusted death rates for suicide, by Hispanic origin, race, and sex: United States, 2007

[Data are based on death certificates]

Characteristic	Total		Male		Female	
	Number	Age-adjusted death rate (per 100,000 population)	Number	Age-adjusted death rate (per 100,000 population)	Number	Age-adjusted death rate (per 100,000 population)
Total[1]	**34,598**	**11.3**	**27,269**	**18.4**	**7,329**	**4.7**
Race[1,2]						
White	31,348	12.5	24,725	20.2	6,623	5.2
Black	1,958	5.0	1,606	8.8	352	1.7
American Indian or Alaska Native	392	11.5	310	18.1	82	4.9
Asian or Pacific Islander	900	6.1	628	9.0	272	3.5
Hispanic origin and race[1,3]						
Hispanic	2,465	6.0	2,078	10.1	387	1.9
Non-Hispanic[4]	32,061	12.0	25,133	19.7	6,928	5.0
White non-Hispanic	28,897	13.5	22,660	21.9	6,237	5.7
Black non-Hispanic	1,916	5.1	1,571	9.0	345	1.8

[1] Estimates are age-adjusted to the year 2000 standard population using 11 age groups: younger than 1 year (3,794,901 persons), 1 to 4 years (15,191,619), 5 to 14 years (39,976,619), 15 to 24 years (38,076,743), 25 to 34 years (37,233,437), 35 to 44 years (44,659,185), 45 to 54 years (37,030,152), 55 to 64 years (23,961,506), 65 to 74 years (18,135,514), 75 to 84 years (12,314,793), and 85 years or older (4,259,173).

[2] Data for specified races other than white and black should be interpreted with caution because of inconsistencies between reporting race on death certificates and on censuses and surveys.

[3] Race and Hispanic origin are reported separately on the death certificate. Persons of Hispanic origin may be of any race or combination of races. Data for Hispanic persons are not tabulated separately by race; data for non-Hispanic persons are tabulated by race. Data for Hispanic origin should be interpreted with caution because of inconsistencies between reporting Hispanic origin on death certificates and on censuses and surveys.

[4] Includes races other than white and black.

NOTES: The National Vital Statistics Report presents detailed data on deaths and death rates according to a number of social, demographic, and medical characteristics. In 2007, 2,423,712 deaths were reported in the United States.

Race categories are consistent with the 1977 Office of Management and Budget (OMB) standards. Multiple-race data were reported by 27 States and the District of Columbia in 2007. The multiple-race data for these reporting areas were matched to the single-race categories of the 1977 OMB standards for comparability with other reporting areas.

Age-adjusted rates per 100,000 U.S. standard population. Populations used for computing death rates are postcensal estimates based on the 2000 census, estimated as of July 1, 2007.

SOURCES: National Vital Statistics System, Centers for Disease Control and Prevention, National Center for Health Statistics.

Tejada-Vera, B., & Sutton, P. D. (2010). Births, marriages, divorces, and deaths: Provisional data for 2009. *National Vital Statistics Report, 58*(25). Hyattsville, MD: National Center for Health Statistics.

Table 16. Death rates for suicide, by age and sex, United States, selected years 1985–2007

[Data are based on death certificates]

Characteristic	Death rate per 100,000 population					
	1985	1990	1995	2000	2005	2007
Total[1]	**12.5**	**12.5**	**11.8**	**10.4**	**10.9**	**11.3**
Age						
5–14	0.8	0.8	0.9	0.7	0.7	0.5
15–24	12.8	13.2	13.0	10.2	10.0	9.7
25–34	15.3	15.2	15.0	12.0	12.4	13.0
35–44	14.6	15.3	15.1	14.5	14.9	15.6
45–54	15.7	14.8	14.4	14.4	16.5	17.7
55–64	16.8	16.0	13.2	12.1	13.9	15.5
65–74	18.7	17.9	15.7	12.5	12.6	12.6
75–84	23.9	24.9	20.6	17.6	16.9	16.3
85 or older	19.4	22.2	21.3	19.6	16.9	15.6
Sex[1]						
Male	21.1	21.5	20.3	18.1	18.0	18.4
Female	5.3	4.9	4.3	4.0	4.4	4.7

[1] Estimates are age-adjusted to the year 2000 standard population using 11 age groups: younger than 1 year (3,794,901 persons), 1 to 4 years (15,191,619), 5 to 14 years (39,976,619), 15 to 24 years (38,076,743), 25 to 34 years (37,233,437), 35 to 44 years (44,659,185), 45 to 54 years (37,030,152), 55 to 64 years (23,961,506), 65 to 74 years (18,135,514), 75 to 84 years (12,314,793), and 85 years or older (4,259,173).

NOTES: The National Vital Statistics Report presents detailed data on deaths and death rates according to a number of social, demographic, and medical characteristics. In 2007, 2,423,712 deaths were reported in the United States.

Age-adjusted rates per 100,000 U.S. standard population. Populations used for computing death rates are postcensal estimates based on the 2000 census, estimated as of July 1, 2007.

SOURCES: 1985–1995 data with age-adjusted rates obtained from National Vital Statistics System, Centers for Disease Control and Prevention, National Center for Health Statistics.

Xu, J. Q., Kochanek, K. D., Murphy, S. L., & Tejada-Vera, B. (2010). Deaths: Final data for 2007. *National Vital Statistics Reports, 58*(19). Hyattsville, MD: National Center for Health Statistics.

7. TABLES

7.1 Mental Health of the Population

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Table 17. Number and percentage of persons aged 65 or older with past year any mental illness (AMI), serious mental illness (SMI), or major depressive episode (MDE), by sex and Hispanic origin and race, United States, 2009

[Data are based on a survey of a representative sample of the national population]

Characteristic	Past year AMI		Past year SMI		Past year MDE	
	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent
Total	**4,083**	**10.8**	**516**	**1.4**	**892**	**2.4**
Sex						
Male	1,073	6.5	78	0.5	183	1.1
Female	3,010	14.0	439	2.0	709	3.3
Hispanic origin and race						
Not Hispanic or Latino	3,781	10.7	455	1.3	773	2.2
White	3,374	11.1	424	1.4	727	2.4
Black or African American	277	8.7	31	1.0	46	1.5
American Indian or Alaska Native	*	*	*	*	*	*
Native Hawaiian or Other Pacific Islander	*	*	*	*	*	*
Asian	*	*	*	*	*	*
Two or more races	*	*	*	*	*	*
Hispanic or Latino	303	11.2	*	*	119	4.4

*Estimates are considered unreliable because of low precision.

NOTES: The National Survey on Drug Use and Health (NSDUH) is a nationally representative survey of the civilian, noninstitutionalized population of the United States aged 12 or older. The survey interviews approximately 67,500 persons each year.

Mental illness among persons aged 18 or older is defined according to two dimensions: (1) the presence of a diagnosable mental, behavioral, or emotional disorder in the past year (excluding developmental and substance use disorders) of sufficient duration to meet diagnostic criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV) (APA, 1994); and (2) the level of interference with or limitation of one or more major life activities resulting from a disorder (functional impairment). Adult NSDUH respondents' mental illness was determined based on modeling their responses to questions on distress (K6 scale) and impairment (truncated version of the World Health Organization Disability Assessment Schedule). Serious mental illness (SMI) among adults is defined as persons aged 18 or older who currently or at any time in the past year had a diagnosable mental, behavioral, or emotional disorder as defined above and resulting in substantial impairment in carrying out major life activities, based on Global Assessment of Functioning (GAF) scores of 50 or less. Any mental illness (AMI) among adults is defined as persons aged 18 or older who currently or at any time in the past year had a diagnosable mental, behavioral, or emotional disorder as defined above, regardless of the level of impairment in carrying out major life activities. AMI includes persons with mental illness having serious, moderate, or mild functional impairment; SMI is a subset of the AMI group. Major depressive episode (MDE) is defined as a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms. According to DSM-IV, two or more MDEs are necessary to meet the criteria for recurrent major depressive disorder.

SOURCE: National Survey on Drug Use and Health, 2009, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

Table 18. Number and percentage of nursing home residents with a diagnosis of mental illness, United States, 2004

[Data are based on a sample of nursing homes]

Characteristic of residents	Number	Percent
Total population of residents	**1,492,207**	**100.0**
Primary diagnosis of a mental illness	101,667	6.8
Any diagnosis of a mental illness	734,139	49.2
Total population of residents aged 64 or younger	**174,915**	**11.7**
Primary diagnosis of a mental illness	22,636	12.9
Any diagnosis of a mental illness	98,184	56.1
Total population of residents aged 65 or older	**1,317,292**	**88.3**
Primary diagnosis of a mental illness	79,031	6.0
Any diagnosis of a mental illness	635,955	48.3

NOTES: The National Nursing Home Survey is a nationally representative probability sample of 1,500 nursing homes, their residents, and their staff. The sample shown consists of 1,492,207 nursing home residents.

Mental illness is defined as having *International Classification of Diseases, Ninth Revision (ICD-9-CM)* (WHO, 1977) diagnosis codes 295–302 or 306–314. Alzheimer's and dementia are not included. Table originally published in Substance Abuse and Mental Health Services Administration (SAMHSA). (2010). *Mental Health, United States, 2008* (DHHS Publication No. SMA 10-4590). Rockville, MD: Center for Mental Health Services, SAMHSA.

SOURCES: National Nursing Home Survey, 2004, Centers for Disease Control and Prevention.

Table 19. Percentage of active duty military personnel with self-reported serious psychological distress (SPD); need for further posttraumatic stress disorder (PTSD) evaluation, anxiety evaluation, and depression evaluation; suicide ideation; and suicide attempts, by service, United States, 2008

[Data are based on self-administered questionnaires of military personnel]

Reported outcome	Department of Defense (DoD) service					Coast Guard (percent)	All services[2] (percent)
	Army (percent)	Navy (percent)	Marine Corps (percent)	Air Force (percent)	Total DoD services[1] (percent)		
SPD,[3] past 12 months	15.8	14.3	17.6	10.5	14.4	12.3	14.3
Need for further PTSD evaluation, past 30 days	13.4	9.1	15.0	5.6	10.7	6.8	10.6
Need for further anxiety evaluation, past 30 days	17.1	13.0	17.3	8.9	14.2	10.2	14.0
Need for further depression evaluation, past 7 days	23.7	21.9	25.9	13.8	21.2	18.3	21.1
Seriously considered suicide[3]							
Past year	4.9	5.1	5.5	3.1	4.6	2.8	4.6
Not within past year but since joining service	3.5	3.6	3.9	2.5	3.3	3.3	3.3
Not within past year but before joining service	4.4	3.8	4.0	2.8	3.8	3.2	3.8
Attempted suicide[3]							
Past year	2.0	2.8	2.3	1.6	2.2	1.7	2.1
Not within past year but since joining service	1.3	1.3	1.1	0.5	1.1	0.7	1.1
Not within past year but before joining service	3.3	2.2	3.0	1.3	2.5	1.4	2.5

[1] "Total DoD services" includes Army, Navy, Marine Corps, and Air Force.

[2] "All services" includes Army, Navy, Marine Corps, Air Force, and Coast Guard.

[3] Because of improvements in question wording for the 2008 survey, estimates of serious psychological distress and suicide measures in this table are not directly comparable with estimates from previous years of the survey.

Table 19 notes *(continued)*

NOTES: The 2008 Department of Defense Survey of Health Related Behaviors Among Active Duty Military Personnel provides representative estimates on substance use and abuse, mental well-being, stress and coping, combat exposure experience, deployment experience, and selected general health topics for all active duty personnel. The final sample consisted of 28,546 military personnel (5,927 Army; 6,637 Navy; 5,117 Marine Corps; 7,009 Air Force; and 3,856 Coast Guard) who completed self-administered questionnaires anonymously.

Table displays the percentage of military personnel by service who reported the mental illness/suicide response as indicated in the rows of this table. Estimates have not been adjusted for sociodemographic differences across services.

Serious psychological distress (SPD) was measured by the six-item K6 scale (Kessler et al., 2002; OAS, 2008). Need for PTSD evaluation was measured by the PTSD Checklist-Civilian Version (Weathers, Litz, Huska, & Keane, 1994), which consists of a set of 17 items that ask about experiences related to PTSD. To screen for generalized anxiety disorder (GAD) symptoms, a set of items adapted from the Patient Health Questionnaire (Spitzer, Kroenke, & Williams, 1999) was used. Need for depression evaluation was measured by a Burnam depression screen that included one item from the Center for Epidemiologic Studies–Depression Scale (Radloff, 1977) and two items from the Diagnostic Interview Schedule (Robins, Helzer, Croughan, & Ratcliff, 1981). Meeting screening criteria for PTSD, anxiety, and depression suggests a need for further evaluation and is not a clinical diagnosis. Estimates for suicide ideation and attempts are based on a series of questions asking if and when the respondent has ever seriously considered or attempted suicide.

SOURCE: Department of Defense Survey of Health Related Behaviors Among Active Duty Military Personnel, 2008. As taken from Bray, R. M., Pemberton, M. R., Hourani, L. L., Witt, M., Rae Olmsted, K. L., Brown, J. M., … Bradshaw, M. R. (2009). *2008 Department of Defense survey of health related behaviors among active duty military personnel*. Report prepared for TRICARE Management Activity, Office of the Assistant Secretary of Defense (Health Affairs) and U.S. Coast Guard. Retrieved from http://www.tricare.mil/2008HealthBehaviors.pdf. The views, opinions, and findings contained in this report are those of the authors and should not be construed as an official Department of Defense position, policy, or decision, unless so designated by other official documentation.

Table 20. Percentage of active duty, National Guard, and Reserve military personnel with need for further posttraumatic stress disorder (PTSD) or depression evaluation and suicide ideation, by service, United States, 2006

[Data are based on self-administered questionnaires of military personnel]

Service	Need for further evaluation for PTSD—past 30 days		Need for further evaluation for depression—past 7 days		Suicide ideation—past 12 months	
	Unadjusted (percent)	Adjusted[1] (percent)	Unadjusted (percent)	Adjusted[1] (percent)	Unadjusted (percent)	Adjusted[1] (percent)
Army—total	**9.5**	**9.1**	**24.0**	**22.7**	**6.1**	**5.8**
Active duty	9.3	9.1	27.6	27.7	5.6	5.5
National Guard	10.5	9.8	21.7	20.9	6.9	6.5
Reserve	8.3	8.5	20.3	19.6	5.6	5.5
Navy—total	**5.7**	**5.1**	**19.9**	**17.9**	**5.0**	**5.0**
Active duty	6.2	6.0	21.6	21.7	5.3	5.2
Reserve	3.3	4.2	12.8	14.0	3.7	4.7
Marine Corps—total	**7.5**	**6.5**	**24.3**	**21.3**	**5.9**	**4.9**
Active duty	7.6	6.4	25.4	24.2	5.9	5.1
Reserve	7.3	6.7	19.6	18.4	5.9	4.7
Air Force—total	**3.6**	**4.0**	**15.1**	**15.2**	**3.4**	**3.7**
Active duty	3.7	4.1	15.6	16.3	3.5	3.8
National Guard	3.5	4.1	14.4	15.0	2.9	3.2
Reserve	3.1	3.7	13.7	14.3	3.4	4.1
Total DoD	**7.1**	**6.3**	**20.9**	**19.2**	**5.1**	**4.8**
Active duty	6.7	6.4	22.3	22.5	4.9	4.9
Total National Guard and Reserve	**7.7**	**6.2**	**18.8**	**17.0**	**5.5**	**4.8**

[1] Adjusted estimates have been adjusted to correct for differences in the demographic distributions between the Reserve components. The main effects of age group, sex, race/ethnicity, enlisted/officer indicator, marital status, and education were used in this standardization process. Comparisons across Reserve service components should be based on adjusted estimates.

NOTES: The 2006 Department of Defense Survey of Health Related Behaviors Among the Guard and Reserve Force provides representative estimates on substance use, stress and mental health, healthy behaviors and lifestyles, and other specific issues, such as injuries and injury prevention, sleep habits, and risk taking for all Reserve component personnel. The final sample consisted of 18,342 military personnel (2,796 Army National Guard; 1,665 Army Reserve; 3,215 Navy Reserve; 1,159 Marine Corps Reserve; 2,851 Air National Guard; and 6,656 Air Force Reserve) who completed self-administered questionnaires anonymously.

Reserve component estimates exclude full-time or activated Guard and Reserve. The PTSD Checklist-Civilian screen (Weathers, Litz, Huska, & Keane, 1994) was used to assess potential PTSD. Need for further depression screening was measured using a composite indicator made up of an eight-item set of symptoms that included six items from the Center for Epidemiologic Studies–Depression Scale (Radloff, 1977) and two items from the Diagnostic Interview Schedule (Robins, Helzer, Croughan, & Ratcliff, 1981). Two additional measures assessed past year suicidal ideation and suicide attempt.

SOURCE: Department of Defense Survey of Health Related Behaviors Among the Guard and Reserve Force, 2006. As taken from Hourani, L. L., Bray, R. M., Marsden, M. E., Witt, M. B., Vandermaas-Peeler, R., Scheffler, S., … Strange, L. B. (2007, September). *2006 Department of Defense survey of health related behaviors among the Guard and Reserve force*. Report prepared for TRICARE Management Activity. Retrieved from http://www.tricare.mil/hpae/_docs/RC_2006 Reserve Component_FR_9-07.pdf. The views, opinions, and findings contained in this report are those of the authors and should not be construed as an official Department of Defense position, policy, or decision, unless so designated by other official documentation.

Table 21. Percentage of inmates in State and Federal correctional facilities (2004) and in local jails (2002) experiencing any mental health problem, by age, sex, and Hispanic origin and race, United States

[Data are based on a survey of inmates]

Characteristic	State prison inmates, 2004 (percent)	Federal prison inmates, 2004 (percent)	Local jail inmates, 2002 (percent)
All inmates	**56.2**	**44.8**	**64.2**
Age			
24 or younger	62.6	57.8	70.3
25–34	57.9	48.2	64.8
35–44	55.9	40.1	62.0
45–54	51.3	41.6	52.5
55 or older	39.6	36.1	52.4
Sex			
Male	55.0	43.6	62.8
Female	73.1	61.2	75.4
Hispanic origin and race[1]			
White[2]	62.2	49.6	71.2
Black[2]	54.7	45.9	63.4
Hispanic	46.3	36.8	50.7
Other[2,3]	61.9	50.3	69.5

[1] Hispanic origin and race was not reported by an estimated 1,400 jail inmates who had a mental health problem.

[2] Excludes persons of Hispanic origin.

[3] Includes American Indians, Alaska Natives, Asians, Native Hawaiians, Other Pacific Islanders, and inmates who specified more than one race.

NOTES: The Survey of Inmates in State and Federal Correctional Facilities, 2004, and the Survey of Inmates in Local Jails, 2002, included a modified structured clinical interview for the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV). The interviewed sample included 681,600 State prison inmates, 56,600 Federal prison inmates, and 398,800 local jail inmates.

Any mental health problem was defined by two measures: a recent history of a mental health problem, either in the year before arrest or since admission; or symptoms of a mental health problem that occurred within the 12 months prior to the interview. A recent history of a mental health problem included inmates self-reporting that they were diagnosed with a mental health problem by a mental health professional or that they received treatment for a mental health problem by a mental health professional. Symptoms of a mental disorder were based on criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV) (APA, 1994).

Percent refers to inmates with mental health problems as a proportion of the total number of prisoners in each demographic category. Table originally published in Substance Abuse and Mental Health Services Administration (SAMHSA). (2010). *Mental Health, United States, 2008* (DHHS Publication No. SMA 10-4590). Rockville, MD: Center for Mental Health Services, SAMHSA.

SOURCES: Survey of Inmates in State and Federal Correctional Facilities (2004) and Survey of Inmates in Local Jails (2002), Bureau of Justice Statistics (BJS), Washington, DC. Unpublished data delivered upon special request by Lauren E. Glaze, BJS Statistician, and verified by Tracy L. Snell, BJS Statistician, March 2, 2009.

James, D. J., & Glaze, L. E. (2006). *Mental health problems of prison and jail inmates* (NCJ-213600). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. Retrieved from http://bjs.ojp.usdoj.gov/content/pub/pdf/mhppji.pdf

Table 22. Percentage of persons with behavior problems aged 18 months to 17 years involved with the child welfare system, by selected characteristics, United States, 2008

[Data are based on a national sample of children involved with the child welfare system]

Characteristic	Internalizing behavior problem[1] (percent)	Externalizing behavior problem[2] (percent)	Any behavior problem[3] (percent)
Total	**17.7**	**21.1**	**22.6**
Age			
18 months–2 years	6.2	9.0	9.6
3–5 years	15.4	12.2	15.6
6–10 years	20.2	25.8	25.6
11–17 years	21.0	27.6	29.5
Sex			
Male	20.2	22.9	24.1
Female	15.1	19.2	21.0
Hispanic origin and race			
White	17.2	22.3	24.0
Black	16.9	20.1	24.0
Hispanic	17.8	19.1	19.1
Other	22.6	25.6	25.4
Child's current living situation			
In home with biological parent	17.0	20.6	22.2
Kin care[4]	21.5	22.1	21.6
Foster care	24.5	28.6	30.7
Group home or residential program	32.7	40.3	36.0

[1] Internalizing behavior problems include symptoms consistent with anxiety or depression.

[2] Externalizing behavior problems include behaviors consistent with attention deficit hyperactivity disorder or conduct disorder.

[3] Any behavior problem indicates a clinically elevated score on the Child Behavior Checklist Total Problems scale.

[4] A kin caregiver may be a grandparent, aunt or uncle, sibling, or other relative who currently serves as the child's primary caregiver.

NOTES: The National Survey of Child and Adolescent Well-Being II (NSCAW II) includes a longitudinal, national probability sample of 5,873 children from birth to 17 years of age who became involved with the child welfare system in 2008 when reported for child maltreatment.

The measure used to assess behavior problems was the Child Behavior Checklist (Achenbach, 1991; Achenbach & Rescorla, 2001), a parent-report measure that assesses social competencies and problem behaviors of children 18 months to 17 years of age. This table reports elevation of the Internalizing, Externalizing, and Total Problems scale standardized scores. Behavior ratings were considered clinically significant if the scale T scores were at or above 64. All analyses were on weighted data.

SOURCE: Casanueva, C., Ringeisen, H., Wilson, E., Smith, K., & Dolan, M. (2011). *NSCAW II baseline report: Child well-being* (OPRE Report #2011-27b). Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from http://www.acf.hhs.gov/programs/opre/abuse_neglect/nscaw/reports/nscaw2_child/nscaw2_child.pdf

7. TABLES

7.2 Providers and Settings for Mental Health Services

7.2.1 Adult Mental Health Services

Specialty Mental Health Services
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Nonspecialty Mental Health Services

Mental Health Service Capacity

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Mental Health Services

Mental Health Service Capacity

7.2.3 Special Populations

Table 23. Past year service use in mental health specialty sector or nonspecialty sector among persons aged 18 or older, United States, 2001–2002

[Data are based on a survey of a sample of the civilian noninstitutionalized population]

Treatment	Total population (percent)	Any mental disorder (percent)	No mental disorder (percent)
Any service use	**18.0**	**40.1**	**9.7**
Any health care (mental health or general medical)			
General medical professional	9.3	22.1	4.5
Family doctor	6.8	16.7	3.1
Other medical doctor	1.7	4.1	0.9
Other medical professional	0.4	1.1	0.1
Any mental health professional	8.8	21.0	4.2
Psychiatrist	4.6	11.7	1.8
Other mental health professional	6.3	15.6	2.8
Any non-health care			
Human services	3.4	7.9	1.8
Social worker in human services setting	0.4	0.8	0.2
Counselor in human services setting	0.5	1.2	0.3
Spiritual advisor	2.7	6.3	1.4
Complementary and alternative medicine (CAM)[1]—total	2.8	6.4	1.4
CAM (e.g., spiritual advisors)	0.8	1.8	0.4
Internet	0.6	1.7	0.2
Self-help group	1.6	3.5	1.0

[1] Complementary and alternative medicine (CAM) is defined as a broad class of services that are not traditionally provided as billable services in the treatment system, including services from several types of healers, participation in an Internet support group, or participation in a self-help group. The three most commonly used CAMs in the National Comorbidity Survey Replication (NCS-R) were spiritual advisors, relaxation techniques, and use of multivitamins and herbs (Wang et al., 2005).

NOTES: NCS-R is a nationally representative household survey of 9,282 English speakers aged 18 or older in the United States.

Table originally published in Substance Abuse and Mental Health Services Administration (SAMHSA). (2010). *Mental Health, United States, 2008* (DHHS Publication No. SMA 10-4590). Rockville, MD: Center for Mental Health Services, SAMHSA.

SOURCES: Produced using NCS-R data for Substance Abuse and Mental Health Services Administration (SAMHSA). (2010). *Mental Health, United States, 2008* (DHHS Publication No. SMA 10-4590). Rockville, MD: Center for Mental Health Services, SAMHSA.

Wang, P. S., Lane, M., Olfson, M., Pincus, H. A., Wells, K. B., & Kessler, R. C. (2005). Twelve month use of mental health services in the United States: Results from the National Comorbidity Survey Replication. *Archives of General Psychiatry, 62*(6), 629–640.

Table 24. Number and percentage of persons aged 18 or older who received mental health treatment in the past year, by disorder severity, United States, 2009

[Data are based on a survey of a representative sample of the national population]

Type and location of mental health treatment/counseling[1]	Total		Any mental illness		Serious mental illness		Moderate mental illness		Mild mental illness		No mental illness	
	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent
Outpatient mental health[2]	14,332	6.3	9,522	21.2	4,145	38.0	1,870	20.8	3,507	14.0	4,810	2.6
Outpatient mental health clinic or center	3,064	1.4	2,356	5.2	1,156	10.6	614	6.8	586	2.3	708	0.4
Office of a private therapist, psychologist, psychiatrist, social worker, or counselor—not part of a clinic	7,648	3.4	5,104	11.4	2,172	19.9	918	10.2	2,015	8.0	2,544	1.4
Doctor's office—not part of a clinic	3,317	1.5	2,186	4.9	968	8.9	404	4.5	814	3.2	1,131	0.6
Outpatient medical clinic	1,229	0.5	903	2.0	456	4.2	196	2.2	250	1.0	326	0.2
Partial day hospital or day treatment program	354	0.2	266	0.6	183	1.7	39	0.4	45	0.2	87	0.0
School or university setting/ clinic/center[3]	83	0.0	68	0.2	25	0.2	23	0.3	21	0.1	15	0.0
Some other place[4]	274	0.1	177	0.4	87	0.8	16	0.2	74	0.3	97	0.1
Inpatient mental health[5]	1,894	0.8	1,377	3.1	747	6.8	239	2.6	391	1.6	517	0.3
Prescription medication for mental health	25,573	11.3	14,619	32.4	5,902	54.0	2,878	32.0	5,840	23.2	10,953	6.0
Did not receive mental health services	196,405	86.7	27,930	62.1	4,344	39.8	5,578	62.2	18,009	71.7	168,474	92.8

[1] Respondents could indicate multiple service sources; thus, these response categories are not mutually exclusive.

[2] Outpatient treatment includes any mental health treatment or counseling received at an outpatient mental health clinic or center; the office of a private therapist, psychologist, psychiatrist, social worker, or counselor that was not part of a clinic; a doctor's office that was not part of a clinic; an outpatient medical clinic; a partial day hospital or day treatment program; or some other place.

[3] Respondents were permitted to specify other locations for receiving outpatient mental health treatment/counseling. This location was the most commonly reported other location for receiving outpatient treatment/counseling.

[4] Respondents with unknown or invalid responses to the location "some other place received outpatient mental health treatment/counseling" were excluded.

[5] Inpatient treatment includes a stay of overnight or longer in a hospital or other facility for mental health problems.

Table 24 notes *(continued)*

NOTES: The National Survey on Drug Use and Health (NSDUH) is a nationally representative survey of the civilian, noninstitutionalized population of the United States aged 12 or older. The survey interviews approximately 67,500 persons each year.

Mental health treatment/counseling is defined as having received inpatient care or outpatient care or having used prescription medication for problems with emotions, nerves, or mental health. Respondents were not to include treatment for drug or alcohol use. Respondents with unknown treatment/counseling information were excluded. Estimates were based only on responses to items in the Adult Mental Health Service Utilization module. Mental illness among persons aged 18 or older is defined according to two dimensions: (1) the presence of a diagnosable mental, behavioral, or emotional disorder in the past year (excluding developmental and substance use disorders) of sufficient duration to meet diagnostic criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV) (APA, 1994); and (2) the level of interference with or limitation of one or more major life activities resulting from a disorder (functional impairment). Adult NSDUH respondents' mental illness was determined based on modeling their responses to questions on distress (K6 scale) and impairment (truncated version of the World Health Organization Disability Assessment Schedule). Any mental illness (AMI) among adults is defined as persons aged 18 or older who currently or at any time in the past year had a diagnosable mental, behavioral, or emotional disorder as defined above, regardless of the level of impairment in carrying out major life activities. AMI includes persons with mental illness having serious, moderate, or mild functional impairment. Serious mental illness (SMI), moderate mental illness, and mild mental illness among adults are defined as persons aged 18 or older who currently or at any time in the past year had a diagnosable mental, behavioral, or emotional disorder as defined above and resulting in substantial, moderate, or mild impairment in carrying out major life activities, based on Global Assessment of Functioning (GAF) scores of 50 or less for SMI, GAF scores of 51 to 59 for moderate mental illness, and GAF scores of greater than 59 for mild mental illness.

SOURCE: National Survey on Drug Use and Health, 2009, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

Table 25. Percentage of persons aged 18 or older who received mental health treatment or counseling in the past year, by selected characteristics, United States, 2009

[Data are based on a survey of a representative sample of the national population]

Characteristic	Any treatment		Outpatient treatment[1]		Inpatient treatment[2]		Prescription medication	
	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent
Total	**30,179**	**13.3**	**14,332**	**6.3**	**1,894**	**0.8**	**25,573**	**11.3**
Age								
18–25	3,705	11.1	2,019	6.0	356	1.1	2,826	8.4
26–49	14,415	14.6	7,338	7.4	972	1.0	12,139	12.2
50 or older	12,059	12.8	4,975	5.3	566	0.6	10,608	11.3
Sex								
Male	10,107	9.2	4,753	4.3	837	0.8	8,371	7.6
Female	20,072	17.1	9,579	8.2	1,056	0.9	17,202	14.7
Hispanic origin and race								
Not Hispanic or Latino	27,906	14.3	13,142	6.7	1,576	0.8	23,912	12.2
White	24,754	16.0	11,383	7.3	1,149	0.7	21,629	13.9
Black or African American	2,021	7.7	1,111	4.2	354	1.3	1,481	5.6
American Indian or Alaska Native	*	*	102	9.4	13	1.2	*	*
Native Hawaiian or Other Pacific Islander	*	*	*	*	3	0.4	41	5.6
Asian	353	3.5	234	2.3	23	0.2	186	1.8
Two or more races	463	19.1	233	9.6	35	1.4	376	15.5
Hispanic or Latino	2,274	7.3	1,190	3.8	317	1.0	1,661	5.3
Poverty status[3]								
Poor	4,318	15.8	2,429	8.8	626	2.3	3,629	13.2
Near poor	5,595	12.8	2,485	5.7	596	1.4	4,718	10.8
Not poor	20,113	13.0	9,317	6.0	664	0.4	17,129	11.1
Health insurance status[4]								
Private coverage	19,579	12.7	9,073	5.9	656	0.4	16,419	10.6
Medicaid/CHIP[5]	4,507	23.6	2,510	13.1	655	3.4	3,943	20.6
Other coverage[6]	7,383	14.0	3,275	6.2	654	1.2	6,555	12.5
No coverage	3,286	9.1	1,340	3.7	304	0.8	2,806	7.8

(continued)

Table 25. Percentage of persons aged 18 or older who received mental health treatment or counseling in the past year, by selected characteristics, United States, 2009 *(continued)*

Characteristic	Any treatment		Outpatient treatment[1]		Inpatient treatment[2]		Prescription medication	
	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent
Geographic region								
Northeast	5,300	12.6	2,966	7.1	310	0.7	4,335	10.3
Midwest	7,187	14.5	3,266	6.6	447	0.9	6,306	12.7
South	11,148	13.5	4,738	5.7	731	0.9	9,717	11.7
West	6,544	12.5	3,362	6.4	407	0.8	5,215	10.0
County type								
Large metro	14,968	12.4	7,564	6.3	1,044	0.9	12,074	10.0
Small metro	9,930	14.4	4,652	6.8	618	0.9	8,605	12.5
Nonmetro	5,282	14.2	2,116	5.7	232	0.6	4,894	13.1
Current employment								
Full-time	12,791	11.2	5,909	5.2	381	0.3	10,614	9.3
Part-time	4,885	15.4	2,675	8.5	247	0.8	3,921	12.3
Unemployed	1,870	12.7	738	5.0	232	1.6	1,669	11.3
Other[7]	10,633	16.2	5,010	7.6	1,034	1.6	9,368	14.2

*Estimates are considered unreliable.

[1] Outpatient treatment includes any mental health treatment or counseling received at an outpatient mental health clinic or center; the office of a private therapist, psychologist, psychiatrist, social worker, or counselor that was not part of a clinic; a doctor's office that was not part of a clinic; an outpatient medical clinic; a partial day hospital or day treatment program; or some other place.

[2] Inpatient treatment includes a stay of overnight or longer in a hospital or other facility for mental health problems.

[3] Poverty status is based on respondent age, family income, family size, and composition using the U.S. Census Bureau's poverty thresholds. "Poor" persons are defined as living in households where the family income is less than 100 percent of the U.S. Census poverty threshold. "Near poor" persons have incomes of 100 percent to less than 200 percent of the poverty threshold. "Not poor" persons have incomes that are 200 percent of the poverty threshold or greater.

[4] Respondents could indicate multiple types of health insurance; thus, these response categories are not mutually exclusive.

[5] CHIP is the Children's Health Insurance Program (formerly State Children's Health Insurance Program [SCHIP]). Qualified individuals aged 19 or younger are eligible for this plan.

[6] Other health insurance is defined as having Medicare, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), TRICARE, Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA), Veterans Administration (VA), military health care, or any other type of health insurance.

[7] The other employment category includes retired persons, disabled persons, homemakers, students, or other persons not in the labor force.

Table 25 notes *(continued)*

NOTES: The National Survey on Drug Use and Health is a nationally representative survey of the civilian, noninstitutionalized population of the United States aged 12 or older. The survey interviews approximately 67,500 persons each year.

Mental health treatment/counseling is defined as having received inpatient care or outpatient care or having used prescription medication for problems with emotions, nerves, or mental health. Respondents were not to include treatment for drug or alcohol use. Respondents with unknown treatment/counseling information were excluded. Estimates were based only on responses to items in the Adult Mental Health Service Utilization module.

SOURCE: National Survey on Drug Use and Health, 2009, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

Table 26. Number and percentage of persons aged 18 or older who received mental health treatment in the past year, United States, 2005–2009

[Data are based on a survey of a representative sample of the national population]

Type and location of mental health treatment/counseling[1]	2005		2006		2007		2008		2009	
	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent
Outpatient[2]	14,856	6.8	14,673	6.7	15,344	6.9	15,241	6.8	14,332	6.3
Outpatient mental health clinic or center	3,612	1.7	3,326	1.5	3,128	1.4	3,352	1.5	3,064	1.4
Office of a private therapist, psychologist, psychiatrist, social worker, or counselor—not part of a clinic	8,038	3.7	7,775	3.5	8,380	3.8	8,744	3.9	7,648	3.4
Doctor's office—not part of a clinic	3,159	1.5	3,287	1.5	3,281	1.5	2,992	1.3	3,317	1.5
Outpatient medical clinic	1,126	0.5	1,157	0.5	1,370	0.6	1,345	0.6	1,229	0.5
Partial day hospital or day treatment program	311	0.1	189	0.1	348	0.2	234	0.1	354	0.2
School or university setting/clinic/center[3]	93	0.0	87	0.0	65	0.0	98	0.0	83	0.0
Some other place[4]	144	0.1	257	0.1	326	0.1	248	0.1	274	0.1
Inpatient[5]	2,129	1.0	1,591	0.7	2,126	1.0	1,963	0.9	1,894	0.8
Prescription medication	23,305	10.7	23,920	10.9	24,730	11.1	25,422	11.3	25,573	11.3
Did not receive mental health services	189,085	87.0	191,647	87.1	192,541	86.8	194,249	86.6	196,405	86.7

[1] Respondents could indicate multiple service sources; thus, these response categories are not mutually exclusive.

[2] Outpatient treatment includes any mental health treatment or counseling received at an outpatient mental health clinic or center; the office of a private therapist, psychologist, psychiatrist, social worker, or counselor that was not part of a clinic; a doctor's office that was not part of a clinic; an outpatient medical clinic; a partial day hospital or day treatment program; or some other place.

[3] Respondents were permitted to specify other locations for receiving outpatient mental health treatment/counseling. This location was the most commonly reported other location for receiving outpatient treatment/counseling.

[4] Respondents with unknown or invalid responses to the location "some other place received outpatient mental health treatment/counseling" were excluded.

[5] Inpatient treatment includes a stay of overnight or longer in a hospital or other facility for mental health problems.

NOTE: The National Survey on Drug Use and Health is a nationally representative survey of the civilian, noninstitutionalized population of the United States aged 12 or older. The survey interviews approximately 67,500 persons each year.

SOURCE: National Survey on Drug Use and Health, 2005–2009, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

Table 27. Number and percentage of persons aged 18 or older who received any mental health treatment, by disorder severity, United States, 2009

[Data are based on a survey of a representative sample of the national population]

Characteristic	Total		Any mental illness		Serious mental illness		Moderate mental illness		Mild mental illness		No mental illness	
	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent
Total	**30,179**	**13.3**	**17,064**	**37.9**	**6,571**	**60.2**	**3,397**	**37.8**	**7,095**	**28.3**	**13,116**	**7.2**
Age												
18–25	3,705	11.1	2,599	25.9	1,091	44.6	576	26.6	932	17.2	1,106	4.7
26–49	14,415	14.6	8,831	40.0	3,655	62.5	1,622	37.8	3,555	29.8	5,584	7.3
50 or older	12,059	12.8	5,634	43.7	1,826	69.6	1,199	47.5	2,609	33.7	6,425	7.9
Sex												
Male	10,107	9.2	5,465	32.0	1,879	54.1	1,223	34.3	2,364	23.6	4,643	5.0
Female	20,072	17.1	11,599	41.5	4,692	63.0	2,175	40.2	4,732	31.4	8,473	9.5
Hispanic origin and race												
Not Hispanic or Latino	27,906	14.3	15,706	39.8	6,031	62.3	3,125	40.3	6,549	29.7	12,200	7.8
White	24,754	16.0	13,843	43.1	5,294	64.7	2,790	45.2	5,759	32.5	10,910	8.9
Black or African American	2,021	7.7	1,149	24.6	481	50.0	212	21.2	456	16.8	872	4.0
American Indian or Alaska Native	*	*	*	*	*	*	*	*	*	*	*	*
Native Hawaiian or Other Pacific Islander	*	*	*	*	*	*	*	*	*	*	*	*
Asian	353	3.5	236	15.2	*	*	*	*	125	13.0	117	1.4
Two or more races	463	19.1	358	45.1	*	*	*	*	*	*	105	6.4
Hispanic or Latino	2,274	7.3	1,358	24.6	540	43.8	272	22.4	546	17.7	916	3.6
Poverty status[1]												
Poor	4,318	15.8	2,991	36.3	1,486	59.0	600	34.1	905	22.9	1,326	6.9
Near poor	5,595	12.8	3,494	35.6	1,450	54.4	794	38.5	1,250	24.6	2,102	6.2
Not poor	20,113	13.0	10,457	39.4	3,582	63.5	1,975	39.0	4,900	31.0	9,656	7.6
Health insurance status[2]												
Private coverage	19,579	12.7	10,371	39.0	3,377	62.4	1,972	37.4	5,022	31.5	9,208	7.2
Medicaid/CHIP[3]	4,507	23.6	3,090	48.5	1,404	68.3	662	48.5	1,025	34.7	1,416	11.2
Other coverage[4]	7,383	14.0	3,683	43.5	1,444	69.3	855	49.7	1,385	29.7	3,699	8.4
No coverage	3,286	9.1	2,204	24.5	995	42.7	454	25.9	755	15.4	1,082	4.0

See notes on page 134.

Table 27 notes

*Estimates are considered unreliable because of low precision.

[1] Poverty status is based on respondent age, family income, family size, and composition using the U.S. Census Bureau's poverty thresholds. "Poor" persons are defined as living in households where the family income is less than 100 percent of the U.S. Census poverty threshold. "Near poor" persons have incomes of 100 percent to less than 200 percent of the poverty threshold. "Not poor" persons have incomes that are 200 percent of the poverty threshold or greater.

[2] Respondents could indicate multiple types of health insurance; thus, these response categories are not mutually exclusive.

[3] CHIP is the Children's Health Insurance Program (formerly State Children's Health Insurance Program [SCHIP]). Qualified individuals aged 19 or younger are eligible for this plan.

[4] Other health insurance is defined as having Medicare, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), TRICARE, Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA), Veterans Administration (VA), military health care, or any other type of health insurance.

NOTES: The National Survey on Drug Use and Health (NSDUH) is a nationally representative survey of the civilian, noninstitutionalized population of the United States aged 12 or older. The survey interviews approximately 67,500 persons each year.

Mental health treatment/counseling is defined as having received inpatient care or outpatient care or having used prescription medication for problems with emotions, nerves, or mental health. Respondents were not to include treatment for drug or alcohol use. Respondents with unknown treatment/counseling information were excluded. Estimates were based only on responses to items in the Adult Mental Health Service Utilization module. Mental illness among persons aged 18 or older is defined according to two dimensions: (1) the presence of a diagnosable mental, behavioral, or emotional disorder in the past year (excluding developmental and substance use disorders) of sufficient duration to meet diagnostic criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV) (APA, 1994); and (2) the level of interference with or limitation of one or more major life activities resulting from a disorder (functional impairment). Adult NSDUH respondents' mental illness was determined based on modeling their responses to questions on distress (K6 scale) and impairment (truncated version of the World Health Organization Disability Assessment Schedule). Any mental illness (AMI) among adults is defined as persons aged 18 or older who currently or at any time in the past year had a diagnosable mental, behavioral, or emotional disorder as defined above, regardless of the level of impairment in carrying out major life activities. AMI includes persons with mental illness having serious, moderate, or mild functional impairment. Serious mental illness (SMI), moderate mental illness, and mild mental illness among adults are defined as persons aged 18 or older who currently or at any time in the past year had a diagnosable mental, behavioral, or emotional disorder as defined above and resulting in substantial, moderate, or mild impairment in carrying out major life activities, based on Global Assessment of Functioning (GAF) scores of 50 or less for SMI, GAF scores of 51 to 59 for moderate mental illness, and GAF scores of greater than 59 for mild mental illness.

SOURCE: National Survey on Drug Use and Health, 2009, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

Table 28. Number and percentage of persons aged 18 or older with a past year major depressive episode (MDE) who received mental health treatment, United States, 2009

[Data are based on a survey of a representative sample of the national population]

Characteristic	Saw or talked to medical doctor or other professional OR used prescription medication		Saw or talked to medical doctor or other professional AND used prescription medication		Saw or talked to medical doctor or other professional only		Used prescription medication only	
	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent
Total	**9,491**	**64.4**	**6,581**	**44.6**	**2,111**	**14.3**	**798**	**5.4**
Sex								
Male	3,071	59.0	2,074	39.8	701	13.5	295	5.7
Female	6,420	67.4	4,507	47.2	1,410	14.8	504	5.3
Hispanic origin and race								
Not Hispanic or Latino	8,602	66.5	6,026	46.5	1,814	14.0	761	5.9
White	7,436	68.7	5,418	49.9	1,344	12.4	673	6.2
Black or African American	758	53.2	418	29.4	261	18.3	79	5.6
Other or two or more races	407	59.7	190	27.8	*	*	8	1.2
Hispanic or Latino	889	49.3	554	30.7	297	16.5	38	2.1
Poverty status[1]								
Poor	1,889	66.5	1,294	45.6	400	14.1	196	6.9
Near poor	1,855	57.4	1,287	39.8	404	12.5	163	5.0
Not poor	5,683	66.5	3,965	46.2	1,283	15.0	434	5.1
Health insurance status[2]								
Private coverage	5,321	65.1	3,678	44.9	1,276	15.6	366	4.5
Medicaid/CHIP[3]	1,799	78.6	1,301	56.9	329	14.4	169	7.4
Other coverage[4]	2,181	72.1	1,667	55.1	309	10.2	205	6.8
No coverage	1,383	47.8	838	29.0	349	12.0	196	6.8

See notes on page 136.

Table 28 notes

*Estimates are considered unreliable because of low precision.

[1] Poverty status is based on respondent age, family income, family size, and composition using the U.S. Census Bureau's poverty thresholds. "Poor" persons are defined as living in households where the family income is less than 100 percent of the U.S. Census poverty threshold. "Near poor" persons have incomes of 100 percent to less than 200 percent of the poverty threshold. "Not poor" persons have incomes that are 200 percent of the poverty threshold or greater.

[2] Respondents could indicate multiple types of health insurance; thus, these response categories are not mutually exclusive.

[3] CHIP is the Children's Health Insurance Program (formerly State Children's Health Insurance Program [SCHIP]). Qualified individuals aged 19 or younger are eligible for this plan.

[4] Other health insurance is defined as having Medicare, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), TRICARE, Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA), Veterans Administration (VA), military health care, or any other type of health insurance.

NOTES: The National Survey on Drug Use and Health is a nationally representative survey of the civilian, noninstitutionalized population of the United States aged 12 or older. The survey interviews approximately 67,500 persons each year.

Respondents with unknown past year treatment data were excluded.

Major depressive episode (MDE) is defined as a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms. According to the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV) (APA, 1994), two or more MDEs are necessary to meet the criteria for recurrent major depressive disorder.

SOURCE: National Survey on Drug Use and Health, 2009, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

Table 29. Number of admissions to and year-end residents in State and county psychiatric hospitals, by selected characteristics, United States, 2002 and 2005

[Data are based on reporting by State and county psychiatric hospitals]

Characteristic	Admissions		Residents	
	2002	2005	2002	2005
Total	**155,740**	**188,649**	**49,443**	**49,947**
Age				
Younger than 18	15,416	19,574	2,865	2,476
18–24	24,079	28,853	4,552	4,134
25–44	76,212	88,230	21,602	21,210
45–64	35,144	46,854	16,569	18,755
65 or older	4,889	5,138	3,855	3,372
Sex				
Male	103,156	132,154	—	—
Female	52,584	56,495	—	—
Hispanic origin and race				
White	89,973	117,702	28,820	28,469
African American	46,639	51,261	15,689	15,752
Asian or Pacific Islander	6,310	2,184	836	927
Hispanic	10,534	14,433	3,693	4,320
American Indian	2,284	3,069	405	479
Diagnosis				
Affective disorders	40,882	47,547	6,482	6,583
Schizophrenia	46,163	56,856	25,524	26,298
Alcohol use related	9,502	8,075	1,388	847
Substance use related	13,356	15,717	2,017	2,146
Other psychotic	12,852	15,682	3,253	2,857
Other nonpsychotic	18,038	24,561	2,320	2,489
All other	14,947	20,211	8,459	8,727

— Data not available.

NOTE: Annual Census of Admission and Resident Patient Characteristics, State and County Mental Hospital 24-Hour Services, collects annual aggregate data from each State on age, sex, race, and ethnicity, by diagnosis, for annual admissions and year-end residents.

SOURCES: Annual Census of State and County Mental Health Hospitals, 2002 and 2005, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.

Manderscheid, R. W., Atay, J. E., & Crider, R. A. (2009). Changing trends in State psychiatric hospital use from 2002 to 2005. *Psychiatric Services, 60*(1), 29–34. Reprinted with permission from *Psychiatric Services* (Copyright © 2010). American Psychiatric Association.

Table 30. Number and percentage of prescription mental health/substance abuse (MH/SA) medication fills for all medical conditions among persons aged 18 or older, by selected medication class, United States, 1996–2008

[Data are based on a nationally representative survey of households, medical providers, and employers]

Medication class	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
All MH and/or SA medications (percent of all prescription fills)	9.2	10.0	10.1	9.7	10.5	10.9	11.1	10.9	11.1	12.0	11.6	11.8	12.0
All MH and/or SA medications (millions)	155.8	173.0	184.1	185.1	211.1	253.9	278.3	284.0	305.8	337.4	336.3	341.3	358.8
Antianxiety, all classes[1] (millions)	58.3	62.1	60.7	55.8	62.6	73.7	79.8	76.5	79.7	92.6	85.5	90.1	98.1
Antidepressants, all classes (millions)	76.0	84.0	93.9	94.9	109.1	133.6	150.7	158.1	172.2	183.8	185.5	181.1	186.3
Antipsychotics, all classes (millions)	12.9	16.1	15.5	14.8	18.3	20.5	20.1	18.9	19.7	24.0	26.1	27.6	28.7
Antimanics, anticonvulsants (millions)	6.2	7.5	7.9	6.2	11.5	12.9	13.2	14.0	14.3	13.3	13.7	17.1	16.9

[1] Antianxiety medications include sedative and hypnotic medications.

NOTES: The Medical Expenditure Panel Survey (MEPS) is a set of large-scale surveys of families and individuals, their medical providers (e.g., doctors, hospitals, pharmacies), and employers across the United States. Since 1996, MEPS has collected data on the specific health services that Americans use, how frequently they use them, the cost of these services, and how they are paid for, as well as data on the cost, scope, and breadth of health insurance held by and available to U.S. workers.

All classes combined do not add to total because the table does not detail classes of medication with a relatively small number of fills.

See Appendix C for complete list of medications. Categorization of medications follows that of the National Institute of Mental Health (http://www.nimh.nih.gov/health/publications/mental-health-medications/alphabetical-list-of-medications.shtml).

SOURCES: Medical Expenditure Panel Survey, 1996–2008, Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality.

Zuvekas, S. H. (2005). Prescription drugs and the changing patterns of treatment for mental disorders, 1996–2001. *Health Affairs, 24*(1), 195–205.

Table 31. Number and percentage of prescription mental health/substance abuse (MH/SA) medication fills for MH/SA conditions among persons aged 18 or older, by selected medication class, United States, 1996–2008

[Data are based on a nationally representative survey of households, medical providers, and employers]

Medication class	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
MH and/or SA medications (percent of all prescription fills)	6.2	6.8	7.0	6.9	7.5	7.5	8.0	7.9	8.0	8.5	8.3	8.6	8.8
MH and/or SA medications (millions)	105.4	116.9	127.2	131.3	150.3	175.0	200.4	206.1	221.5	239.9	242.6	248.8	263.0
Antianxiety, all classes[1] (millions)	32.6	31.8	30.6	29.5	33.0	39.4	44.4	40.8	41.5	48.7	46.1	48.2	54.3
Antidepressants, all classes (millions)	55.9	63.0	74.4	74.6	86.1	102.3	120.1	127.6	141.5	149.7	150.7	148.0	154.7
Antipsychotics, all classes (millions)	9.3	12.8	11.7	10.9	14.4	15.1	16.2	15.0	15.5	18.5	20.6	22.8	23.0
Antimanics, anticonvulsants (millions)	6.2	7.5	7.9	6.2	11.5	12.9	13.2	14.0	14.3	13.3	13.7	17.1	16.9

[1] Antianxiety medications include sedative and hypnotic medications.

NOTES: The Medical Expenditure Panel Survey (MEPS) is a set of large-scale surveys of families and individuals, their medical providers (e.g., doctors, hospitals, pharmacies), and employers across the United States. Since 1996, MEPS has collected data on the specific health services that Americans use, how frequently they use them, the cost of these services, and how they are paid for, as well as data on the cost, scope, and breadth of health insurance held by and available to U.S. workers.

All classes combined do not add to total because the table does not detail classes of medication with a relatively small number of fills.

See Appendix C for complete list of medications. Categorization of medications follows that of the National Institute of Mental Health (http://www.nimh.nih.gov/health/publications/mental-health-medications/alphabetical-list-of-medications.shtml).

SOURCES: Medical Expenditure Panel Survey, 1996–2008, Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality.

Zuvekas, S. H. (2005). Prescription drugs and the changing patterns of treatment for mental disorders, 1996–2001. *Health Affairs, 24*(1), 195–205.

7. TABLES

7.2 Providers and Settings for Mental Health Services

7.2.1 Adult Mental Health Services

Specialty Mental Health Services

Nonspecialty Mental Health Services
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Mental Health Service Capacity

7.2.2 Child Mental Health Services

Mental Health Services

Mental Health Service Capacity

7.2.3 Special Populations

Table 32. Number and percentage of emergency department (ED) visits by persons aged 10 or older with a primary diagnosis of a mental disorder, by diagnosis, United States, 2008

[Data are based on reporting by a nationally representative sample of EDs]

Category of primary diagnosis	ED visits (number)	ED visits (percent)	ED visits with mental health diagnosis (percent)
All ED visits—all diagnoses	107,748,264	100.0	…
Any primary mental health diagnosis	4,686,580	4.3	100.0
Adjustment disorders	108,940	0.1	2.3
Anxiety disorders	811,743	0.8	17.3
Attention deficit, conduct, and disruptive behavior disorders	78,687	0.1	1.7
Delirium, dementia, and amnestic and other cognitive disorders	188,842	0.2	4.0
Developmental disorders	31,660	0.0	0.7
Disorders usually diagnosed in infancy, childhood, or adolescence	9,957	0.0	0.2
Impulse control disorders, not elsewhere classified	16,515	0.0	0.4
Mood disorders	1,216,680	1.1	26.0
Personality disorders	15,576	0.0	0.3
Schizophrenia and other psychotic disorders	537,634	0.5	11.5
Alcohol-related disorders	994,092	0.9	21.2
Substance-related disorders	487,803	0.5	10.4
Suicide and intentional self-inflicted injury	45,665	0.0	1.0
Miscellaneous mental disorders	142,785	0.1	3.0

… Category not applicable.

NOTES: The 2008 Nationwide Emergency Department Sample yields national estimates of ED visits.

Diagnostic categories follow the Healthcare Cost and Utilization Project Clinical Classifications Software, which categorizes diagnoses by *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD-9-CM) (WHO, 1977) codes. See http://www.hcup-us.ahrq.gov/toolssoftware/ccs/CCSUsersGuide.pdf for more details on diagnosis categories. Omitted diagnoses include tobacco use disorders.

SOURCE: 2008 Nationwide Emergency Department Sample, Healthcare Cost and Utilization Project, Agency for Healthcare Research and Quality.

Table 33. Number and percentage of emergency department (ED) visits by persons aged 18 or older with a primary diagnosis of a mental disorder, by diagnosis and age group, United States, 2008

[Data are based on reporting by a nationally representative sample of EDs]

Category of primary diagnosis	Aged 18 to 44			Aged 45 to 64			Aged 65 or older		
	ED visits (number)	ED visits (percent)	ED visits with mental health diagnosis (percent)	ED visits (number)	ED visits (percent)	ED visits with mental health diagnosis (percent)	ED visits (number)	ED visits (percent)	ED visits with mental health diagnosis (percent)
All ED visits—all diagnoses	50,334,829	100.0	…	26,842,045	100.0	…	21,338,810	100.0	…
Any primary mental health diagnosis	2,492,675	5.0	100.0	1,342,897	5.0	100.0	436,818	2.0	100.0
Adjustment disorders	59,028	0.1	2.4	19,996	0.1	1.5	4,966	0.0	1.1
Anxiety disorders	484,066	1.0	19.4	193,682	0.7	14.4	72,264	0.3	16.5
Attention deficit, conduct, and disruptive behavior disorders	16,435	0.0	0.7	5,579	0.0	0.4	4,050	0.0	0.9
Delirium, dementia, and amnestic and other cognitive disorders	26,241	0.1	1.1	19,471	0.1	1.4	134,938	0.6	30.9
Developmental disorders	11,803	0.0	0.5	7,094	0.0	0.5	8,342	0.0	1.9
Disorders usually diagnosed in infancy, childhood, or adolescence	2,923	0.0	0.1	349	0.0	0.0	*	*	*
Impulse control disorders, not elsewhere classified	8,374	0.0	0.3	1,714	0.0	0.1	*	*	*
Mood disorders	676,316	1.3	27.1	329,766	1.2	24.6	67,172	0.3	15.4
Personality disorders	8,203	0.0	0.3	2,610	0.0	0.2	1,280	0.0	0.3
Schizophrenia and other psychotic disorders	271,630	0.5	10.9	190,345	0.7	14.2	62,927	0.3	14.4
Alcohol-related disorders	492,542	1.0	19.8	412,493	1.5	30.7	44,981	0.2	10.3
Substance-related disorders	315,360	0.6	12.7	122,252	0.5	9.1	25,972	0.1	5.9
Suicide and intentional self-inflicted injury	26,066	0.1	1.0	10,195	0.0	0.8	985	0.0	0.2
Miscellaneous mental disorders	93,689	0.2	3.8	27,353	0.1	2.0	8,522	0.0	2.0

See notes on page 144.

Table 33 notes

*Estimates are considered unreliable.

… Category not applicable.

NOTES: The 2008 Nationwide Emergency Department Sample yields national estimates of ED visits.

Diagnostic categories follow the Healthcare Cost and Utilization Project Clinical Classifications Software, which categorizes diagnoses by *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD-9-CM) (WHO, 1977) codes. See http://www.hcup-us.ahrq.gov/toolssoftware/ccs/CCSUsersGuide.pdf for more details on diagnosis categories. Omitted diagnoses include tobacco use disorders.

SOURCE: 2008 Nationwide Emergency Department Sample, Healthcare Cost and Utilization Project, Agency for Healthcare Research and Quality.

Table 34. Number and percentage of emergency department (ED) visits by persons aged 10 to 17 with a primary diagnosis of a mental disorder, by diagnosis, United States, 2008

[Data are based on reporting by a nationally representative sample of EDs]

Category of primary diagnosis	ED visits (number)	ED visits (percent)	ED visits with mental health diagnosis (percent)
All ED visits—all diagnoses	9,232,580	100.0	…
Any primary mental health diagnosis	414,189	4.5	100.0
Adjustment disorders	24,950	0.3	6.0
Anxiety disorders	61,732	0.7	14.9
Attention deficit, conduct, and disruptive behavior disorders	52,622	0.6	12.7
Delirium, dementia, and amnestic and other cognitive disorders	8,193	0.1	2.0
Developmental disorders	4,421	0.0	1.1
Disorders usually diagnosed in infancy, childhood, or adolescence	6,547	0.1	1.6
Impulse control disorders, not elsewhere classified	6,146	0.1	1.5
Mood disorders	143,427	1.6	34.6
Personality disorders	3,483	0.0	0.8
Schizophrenia and other psychotic disorders	12,733	0.1	3.1
Alcohol-related disorders	44,076	0.5	10.6
Substance-related disorders	24,218	0.3	5.8
Suicide and intentional self-inflicted injury	8,419	0.1	2.0
Miscellaneous mental disorders	13,221	0.1	3.2

… Category not applicable.

NOTES: The 2008 Nationwide Emergency Department Sample yields national estimates of ED visits.

Diagnostic categories follow the Healthcare Cost and Utilization Project Clinical Classifications Software, which categorizes diagnoses by *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD-9-CM) (WHO, 1977) codes. See http://www.hcup-us.ahrq.gov/toolssoftware/ccs/CCSUsersGuide.pdf for more details on diagnosis categories. Omitted diagnoses include tobacco use disorders.

SOURCE: 2008 Nationwide Emergency Department Sample, Healthcare Cost and Utilization Project, Agency for Healthcare Research and Quality.

Table 35. Number and percentage of emergency department (ED) visits by persons aged 10 or older with a primary and/or secondary diagnosis of mental disorder, by diagnosis, United States, 2008

[Data are based on reporting by a nationally representative sample of EDs]

Category of primary or secondary diagnosis	ED visits (number)	ED visits (percent)	ED visits with mental health diagnosis (percent)
All ED visits—all diagnoses	107,748,264	100.0	…
Any primary or secondary mental health diagnosis[1]	12,171,621	11.3	100.0
Adjustment disorders	223,487	0.2	1.8
Anxiety disorders	3,577,736	3.3	29.4
Attention deficit, conduct, and disruptive behavior disorders	447,070	0.4	3.7
Delirium, dementia, and amnestic and other cognitive disorders	2,496,495	2.3	20.5
Developmental disorders	384,900	0.4	3.2
Disorders usually diagnosed in infancy, childhood, or adolescence	75,138	0.1	0.6
Impulse control disorders, not elsewhere classified	40,511	0.0	0.3
Mood disorders	5,924,267	5.5	48.7
Personality disorders	234,148	0.2	1.9
Schizophrenia and other psychotic disorders	1,265,830	1.2	10.4
Alcohol-related disorders	3,001,281	2.8	24.7
Substance-related disorders	2,263,900	2.1	18.6
Suicide and intentional self-inflicted injury[1]	1,048,235	1.0	8.6
Miscellaneous mental disorders	345,628	0.3	2.8

… Category not applicable.

[1] Includes some cases with an external cause of injury code (E-code) indicating suicide and no other mental health diagnoses.

NOTES: The 2008 Nationwide Emergency Department Sample yields national estimates of ED visits.

Multiple diagnoses within a single diagnosis category are counted as one occurrence. Diagnoses can total to more than 100 percent because a discharge may have more than one mental health diagnosis.

Diagnostic categories follow the Healthcare Cost and Utilization Project Clinical Classifications Software, which categorizes diagnoses by *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD-9-CM) (WHO, 1977) codes. See http://www.hcup-us.ahrq.gov/toolssoftware/ccs/CCSUsersGuide.pdf for more details on diagnosis categories. Omitted diagnoses include tobacco use disorders.

SOURCE: 2008 Nationwide Emergency Department Sample, Healthcare Cost and Utilization Project, Agency for Healthcare Research and Quality.

Table 36. Number and percentage of emergency department (ED) visits by persons aged 18 or older with a primary and/or secondary diagnosis of mental disorder, by diagnosis and age group, United States, 2008

[Data are based on reporting by a nationally representative sample of EDs]

Category of primary or secondary diagnosis	Aged 18 to 44			Aged 45 to 64			Aged 65 or older		
	ED visits (number)	ED visits (percent)	ED visits with mental health diagnosis (percent)	ED visits (number)	ED visits (percent)	ED visits with mental health diagnosis (percent)	ED visits (number)	ED visits (percent)	ED visits with mental health diagnosis (percent)
All ED visits—all diagnoses	50,334,829	100.0	…	26,842,045	100.0	…	21,338,810	100.0	…
Any primary or secondary mental health diagnosis[1]	4,429,896	8.8	100.0	3,225,767	12.0	100.0	3,794,637	17.8	100.0
Adjustment disorders	107,513	0.2	2.4	50,861	0.2	1.6	29,046	0.1	0.8
Anxiety disorders	1,627,043	3.2	36.7	1,075,157	4.0	33.3	726,838	3.4	19.2
Attention deficit, conduct, and disruptive behavior disorders	158,616	0.3	3.6	36,161	0.1	1.1	14,666	0.1	0.4
Delirium, dementia, and amnestic and other cognitive disorders	60,763	0.1	1.4	139,202	0.5	4.3	2,282,225	10.7	60.1
Developmental disorders	147,550	0.3	3.3	128,067	0.5	4.0	72,741	0.3	1.9
Disorders usually diagnosed in infancy, childhood, or adolescence	29,125	0.1	0.7	6,726	0.0	0.2	1,765	0.0	0.0
Impulse control disorders, not elsewhere classified	21,012	0.0	0.5	5,732	0.0	0.2	1,464	0.0	0.0
Mood disorders	2,357,836	4.7	53.2	1,967,268	7.3	61.0	1,313,946	6.2	34.6
Personality disorders	142,636	0.3	3.2	66,567	0.2	2.1	12,769	0.1	0.3
Schizophrenia and other psychotic disorders	498,381	1.0	11.3	470,041	1.8	14.6	274,038	1.3	7.2
Alcohol-related disorders	1,349,513	2.7	30.5	1,314,309	4.9	40.7	264,487	1.2	7.0
Substance-related disorders	1,354,419	2.7	30.6	710,567	2.6	22.0	114,540	0.5	3.0
Suicide and intentional self-inflicted injury[1]	621,430	1.2	14.0	265,735	1.0	8.2	34,787	0.2	0.9
Miscellaneous mental disorders	213,407	0.4	4.8	69,279	0.3	2.1	35,772	0.2	0.9

See notes on page 148.

Table 36 notes

… Category not applicable.

[1] Includes some cases with an external cause of injury code (E-code) indicating suicide and no other mental health diagnoses.

NOTES: The 2008 Nationwide Emergency Department Sample yields national estimates of ED visits.

Multiple diagnoses within a single diagnosis category are counted as one occurrence. Diagnoses can total to more than 100 percent because a discharge may have more than one mental health diagnosis.

Diagnostic categories follow the Healthcare Cost and Utilization Project Clinical Classifications Software, which categorizes diagnoses by *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD-9-CM) (WHO, 1977) codes. See http://www.hcup-us.ahrq.gov/toolssoftware/ccs/CCSUsersGuide.pdf for more details on diagnosis categories. Omitted diagnoses include tobacco use disorders.

SOURCE: 2008 Nationwide Emergency Department Sample, Healthcare Cost and Utilization Project, Agency for Healthcare Research and Quality.

Table 37. Number and percentage of emergency department (ED) visits by persons aged 10 to 17 with a primary and/or secondary diagnosis of mental disorder, by diagnosis, United States, 2008

[Data are based on reporting by a nationally representative sample of EDs]

Category of primary or secondary diagnosis	ED visits (number)	ED visits (percent)	ED visits with mental health diagnosis (percent)
All ED visits—all diagnoses	9,232,580	100.0	…
Any primary or secondary mental health diagnosis[1]	721,321	7.8	100.0
Adjustment disorders	36,066	0.4	5.0
Anxiety disorders	148,699	1.6	20.6
Attention deficit, conduct, and disruptive behavior disorders	237,627	2.6	32.9
Delirium, dementia, and amnestic and other cognitive disorders	14,305	0.2	2.0
Developmental disorders	36,541	0.4	5.1
Disorders usually diagnosed in infancy, childhood, or adolescence	37,522	0.4	5.2
Impulse control disorders, not elsewhere classified	12,303	0.1	1.7
Mood disorders	285,218	3.1	39.5
Personality disorders	12,176	0.1	1.7
Schizophrenia and other psychotic disorders	23,369	0.3	3.2
Alcohol-related disorders	72,972	0.8	10.1
Substance-related disorders	84,374	0.9	11.7
Suicide and intentional self-inflicted injury[1]	126,283	1.4	17.5
Miscellaneous mental disorders	27,170	0.3	3.8

… Category not applicable.

[1] Includes some cases with an external cause of injury code (E-code) indicating suicide and no other mental health diagnoses.

NOTES: The 2008 Nationwide Emergency Department Sample yields national estimates of ED visits.

Multiple diagnoses within a single diagnosis category are counted as one occurrence. Diagnoses can total to more than 100 percent because a discharge may have more than one mental health diagnosis.

Diagnostic categories follow the Healthcare Cost and Utilization Project Clinical Classifications Software, which categorizes diagnoses by *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD-9-CM) (WHO, 1977) codes. See http://www.hcup-us.ahrq.gov/toolssoftware/ccs/CCSUsersGuide.pdf for more details on diagnosis categories. Omitted diagnoses include tobacco use disorders.

SOURCE: 2008 Nationwide Emergency Department Sample, Healthcare Cost and Utilization Project, Agency for Healthcare Research and Quality.

Table 38. Number of visits to physicians' offices and percentage of visits for mental health disorders, by physician specialty, age group, and primary or any mental health diagnosis, United States, 2008

[Data are based on reporting by a nationally representative sample of office-based physicians]

Physician category	All ages[1]			Aged 1 to 21			Aged 22 to 64			Aged 65 or older		
	All diagnoses (1,000s)	Primary mental diagnosis (percent)	Any mental diagnosis (percent)	All diagnoses (1,000s)	Primary mental diagnosis (percent)	Any mental diagnosis (percent)	All diagnoses (1,000s)	Primary mental diagnosis (percent)	Any mental diagnosis (percent)	All diagnoses (1,000s)	Primary mental diagnosis (percent)	Any mental diagnosis (percent)
Total[1]	**955,969**	**3.9**	**6.2**	**169,344**	**4.9**	**6.4**	**501,119**	**5.0**	**7.8**	**256,135**	**1.7**	**3.8**
General and family practice	224,443	3.6	8.1	33,977	4.8	7.9	138,876	3.9	9.1	47,785	*	6.0
Internal medicine	152,909	3.0	7.5	3,641	*	*	88,697	3.6	8.0	60,481	*	6.9
Pediatrics	119,797	2.0	3.1	92,939	2.5	4.0	*	…	…	…	…	…
Psychiatry	22,990	92.3	95.3	4,234	93.6	94.3	16,896	91.7	95.4	1,833	93.9	96.1
All other specialties (combined)	435,830	0.3	1.0	34,553	*	1.1	254,645	*	1.3	145,689	*	0.6

*Estimates are considered unreliable.

… Category not applicable.

[1] "All ages" group includes people younger than 1 year.

NOTE: The National Ambulatory Medical Care Survey is a national probability sample survey of visits to office-based physicians.

SOURCE: National Ambulatory Medical Care Survey, 2008, Centers for Disease Control and Prevention, National Center for Health Statistics.

Table 39. Number and percentage of visits to physicians' offices for primary mental health diagnosis, by physician specialty and age group, United States, 2008

[Data are based on reporting by a nationally representative sample of office-based physicians]

Physician category	All ages[1]		Aged 1 to 21		Aged 22 to 64		Aged 65 or older	
	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent
Total[1]	**37,686**	**100.0**	**8,312**	**100.0**	**24,964**	**100.0**	**4,382**	**100.0**
General and family practice	8,149	21.6	1,637	19.7	5,477	21.9	*	*
Internal medicine	4,661	12.4	*	*	3,166	12.7	*	*
Pediatrics	2,359	6.3	2,342	28.2	…	…	…	…
Psychiatry	21,214	56.3	3,965	47.7	15,501	62.1	1,721	39.3
All other specialties (combined)	1,303	3.5	*	*	*	*	*	*

*Estimates are considered unreliable.

… Category not applicable.

[1] "All ages" group includes people younger than 1 year.

NOTE: The National Ambulatory Medical Care Survey is a national probability sample survey of visits to office-based physicians.

SOURCE: National Ambulatory Medical Care Survey, 2008, Centers for Disease Control and Prevention, National Center for Health Statistics.

Table 40. Number and percentage of visits to physicians' offices for any mental health diagnosis, by physician specialty and age group, United States, 2008

[Data are based on reporting by a nationally representative sample of office-based physicians]

Physician category	All ages[1]		Aged 1 to 21		Aged 22 to 64		Aged 65 or older	
	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent
Total[1]	**59,730**	**100.0**	**10,893**	**100.0**	**39,137**	**100.0**	**9,673**	**100.0**
General and family practice	18,149	30.4	2,680	24.6	12,590	32.2	2,878	29.8
Internal medicine	11,398	19.1	*	*	7,092	18.1	4,164	43.0
Pediatrics	3,710	6.2	3,693	33.9	…	…	…	…
Psychiatry	21,908	36.7	3,992	36.7	16,126	41.2	1,762	18.2
All other specialties (combined)	4,566	7.6	385	3.5	3,311	8.5	870	9.0

*Estimates are considered unreliable.

… Category not applicable.

[1] "All ages" group includes people younger than 1 year.

NOTE: The National Ambulatory Medical Care Survey is a national probability sample survey of visits to office-based physicians.

SOURCE: National Ambulatory Medical Care Survey, 2008, Centers for Disease Control and Prevention, National Center for Health Statistics.

Table 41. Percentage of nursing homes, home health care agencies, and hospice facilities providing mental health services, United States, selected years 1999–2007

[Data are based on a nationally representative sample of nursing homes, home health care agencies, and hospice facilities]

Type of facility	1999–2000[1] (percent)	2004[1] (percent)	2007[1] (percent)
Nursing homes	79.5	77.7	…
Regular basis only	…	25.1	…
On-call only	…	24.2	…
Both regular and on-call	…	28.4	…
Home health care only	16.5	…	17.5
Hospice care only	55.0	…	45.0
Home health and hospice care	45.5	…	38.3

… Category not applicable.

[1] The National Nursing Home Survey was conducted in 1999 and 2004. The National Home and Hospice Care Survey was conducted in 2000 and 2007.

NOTES: The National Nursing Home Survey is a nationally representative probability sample of 1,500 nursing homes, their residents, and their staff. The sample shown consists of 1,492,207 nursing home residents.

The 2007 National Home and Hospice Care Survey is one in a continuing series of nationally representative sample surveys of U.S. home health and hospice agencies. It is designed to provide descriptive information on home health and hospice agencies, their staff, their services, and their patients. In 2000, 1,425 agencies participated in the survey. In 2007, 1,036 agencies participated. Agencies were asked whether they provided "psychological services" in the 2000 survey and whether they provided "mental health services" in the 2007 survey.

SOURCES: National Nursing Home Survey, 1999, Centers for Disease Control and Prevention; National Home and Hospice Care Survey, 2007, Centers for Disease Control and Prevention.

Table 42. Number of members served in clubhouses, United States, 2010

[Data are from an annual survey of clubhouses]

Membership	ICCD certified (*N* = 80)		Non-ICCD certified (*N* = 34)	
	Number of clubhouses responding	Mean	Number of clubhouses responding	Mean
Average daily attendance	79	51.4	31	31.3
Evening or weekend	77	77.5	31	29.4
Active membership	78	167.7	31	92.9
Total membership	72	970.9	29	494.0

NOTES: The International Survey of Clubhouses was conducted by the International Center for Clubhouse Development (ICCD). The survey gathers information about clubhouse characteristics, governance and administration, membership, staffing and staff credentials, unit structure, employment, housing activities, services, and participation in clubhouse training. In 2010, there were 197 ICCD clubhouses in the United States; however, data were only available for 114 of them. The number of clubhouses responding varied across the survey items.

Fountain House in New York City has been excluded because its membership is considerably larger in number than other clubhouses.

SOURCE: International Survey of Clubhouses, 2010, ICCD.

Table 43. Demographic and diagnostic information for members of clubhouses, United States, 2010

[Data are from an annual survey of clubhouses]

Characteristic	ICCD certified (*N* = 80)		Non-ICCD certified (*N* = 34)	
	Number of clubhouses responding	Mean (percent)	Number of clubhouses responding	Mean (percent)
Age				
Younger than 20	67	1.7	22	1.3
20–25	77	5.4	25	5.5
26–30	76	7.8	26	8.3
31–40	77	19.1	26	15.8
41–50	77	29.4	26	28.5
51–60	76	24.2	26	23.8
61–70	76	7.4	25	9.2
Older than 70	57	1.4	19	1.8
Unknown	40	3.6	40	6.0
Sex				
Male	67	57.1	26	55.9
Female	67	43.0	26	44.1
Race/ethnicity				
White/Caucasian	78	61.7	27	49.2
Hispanic	**	4.8	27	8.8
Black/African American	74	20.2	27	29.3
American Indian/Alaska Native	52	1.7	28	1.4
Asian	61	4.3	26	1.9
Native Hawaiian or Other Pacific Islander	47	1.6	17	0.1
Unknown	55	5.6	18	9.2
Diagnoses				
Schizophrenia or schizophreniform disorders	52	43.6	17	47.8
Bipolar disorder	52	18.2	17	18.3
Depression	51	14.5	17	14.2
Other	43	5.0	16	7.6
Unknown	38	18.6	6	12.2

**Original estimate omitted.

NOTE: The International Survey of Clubhouses was conducted by the International Center for Clubhouse Development (ICCD). The survey gathers information about clubhouse characteristics, governance and administration, membership, staffing and staff credentials, unit structure, employment, housing activities, services, and participation in clubhouse training. In 2010, there were 197 ICCD clubhouses in the United States; however, data were only available for 114 of them. The number of clubhouses responding varied across the survey items. Sex and age were available for clubhouses with active membership.

SOURCE: International Survey of Clubhouses, 2010, ICCD.

Table 44. Percentage of clubhouses, by funding source and management structure, United States, 2010

[Data are from an annual survey of clubhouses]

Funding source and management structure	ICCD certified (*N* = 75) (percent)	Non-ICCD certified (*N* = 30) (percent)
Funding source[1]		
State mental health agency	46.2	31.8
Social services	0.3	1.8
Vocational rehabilitation agency	2.9	1.6
Labor department	0.0	0.0
County/borough government	8.6	18.0
Local/municipal government	4.5	0.5
National grants	0.3	0.1
Public insurance programs (e.g., Medicaid)	23.3	27.3
Other government funding	2.5	7.1
Private insurance programs	0.1	1.0
Foundations/grants	3.7	2.3
Donations and other private sources	1.4	0.8
Income generating activities (e.g., thrift shop, food sales, rents)	2.5	3.8
Other private funding	1.8	1.1
Unknown	1.8	0.7
Management structure		
Clubhouse is funded all or in part by Medicaid	42.0	44.0[2]
Clubhouse has its own Board of Directors	38.0[3]	9.0[2]
Clubhouse has an Advisory Board	62.0[3]	66.0[2]

[1] Funding is averaged across all clubhouses.

[2] *N* = 32

[3] *N* = 79

NOTE: The International Survey of Clubhouses was conducted by the International Center for Clubhouse Development (ICCD). The survey gathers information about clubhouse characteristics, governance and administration, membership, staffing and staff credentials, unit structure, employment, housing activities, services, and participation in clubhouse training. In 2010, there were 197 ICCD clubhouses in the United States; however, data were only available for 114 of them.

SOURCE: International Survey of Clubhouses, 2010, ICCD.

7. TABLES

7.2 Providers and Settings for Mental Health Services

7.2.1 Adult Mental Health Services

Specialty Mental Health Services

Nonspecialty Mental Health Services

Mental Health Service Capacity
Tables 45–55

7.2.2 Child Mental Health Services

Mental Health Services

Mental Health Service Capacity

7.2.3 Special Populations

Table 45. Number and percentage of clinically trained mental health personnel, by discipline and distribution, by sex, age, and Hispanic origin and race, United States, selected years

[Data are based on association membership and certification data]

Characteristic	Psychiatry[1]: 2006	Psychology[2]: 2006	Advanced practice psychiatric nursing[3]: 2006	Counseling[4]: 2008	Marriage and family therapy[5]: 2006	Social work[6]: 2004
Total (N)	**24,758**	**92,227**	**9,742**	**128,886**	**48,666**	**244,900**
Male (N)	17,047	42,425	659	45,110	—	44,082
Age						
Younger than 35	0.7	3.5	4.6	11.4	1.7	8.1
35–44	11.8	12.7	14.6	20.8	7.9	17.3
45–54	21.8	22.8	29.8	21.1	20.5	32.2
55–64	26.3	36.9	20.6	32.8	41.6	32.6
65–69	39.2	24.0	1.4	13.2	22.0	9.8
Unknown	0.2	0.0	29.1	—	6.2	0.0
Hispanic origin and race						
American Indian/ Alaska Native	0.1	0.3	0.9	0.5	1.0	0.2
Asian/Pacific Islander	10.7	1.3	2.0	1.2	1.0	1.2
Hispanic	4.3	2.0	—	2.7	4.8	5.4
Black (not Hispanic)	2.3	1.5	2.7	5.9	1.0	5.6
White (not Hispanic)	73.5	79.4	82.2	78.8	97.1	84.5
Multiracial	1.1	…	…	…	…	…
Other	0.6	…	…	…	…	…
Not specified	7.4	—	12.1	10.8	0.0	3.1
Female (N)	7,661	49,802	9,083	83,776	—	200,818
Age						
Younger than 35	2.3	11.0	3.6	21.1	3.6	16.3
35–44	23.2	24.7	7.6	23.0	10.0	22.2
45–54	33.7	26.2	25.8	20.3	21.5	32.0
55–64	25.5	27.2	28.9	25.7	38.8	23.0
65 or older	14.9	10.9	6.5	9.4	19.7	6.3
Unknown	0.4	0.0	27.6	—	6.3	0.2
Hispanic origin and race						
American Indian/ Alaska Native	0.1	0.3	0.6	0.5	1.1	0.6
Asian/Pacific Islander	15.5	1.9	2.0	1.2	1.1	1.7
Hispanic	4.4	2.5	—	2.6	3.4	4.2
Black (not Hispanic)	4.8	2.4	3.0	6.6	2.8	6.2
White (not Hispanic)	69.8	68.1	85.0	80.7	96.0	85.2
Multiracial	0.9	…	…	…	…	…
Other	0.7	…	…	…	…	…
Not specified	3.8	24.9	9.3	8.4	0.0	2.1

See notes on page 159.

Table 45 notes

— Data not available.

… Category not applicable.

[1] 2006 American Psychiatric Association membership residing in the United States, excluding medical students; psychiatric residents; international members and fellows; inactive members, associates, and fellows; and honorary fellows. Sex was not reported for 50 psychiatrists.

[2] American Psychological Association Member Directory 2006, compiled by American Psychological Association Center for Workforce Studies. For men, "not specified" includes 15.3 percent not specified and 0.2 percent multiethnic; for women, "not specified" includes 24.4 percent not specified and 0.5 percent multiethnic.

[3] The data source is the American Nurses Credentialing Center (ANCC) of all Advanced Practice Psychiatric Nurses who are certified in 2006.

[4] 2008 National Board for Certified Counselors certification directory and national job analysis, American Counseling Association membership directory, and licensure data provided by individual States.

[5] Data on age were obtained from the American Association for Marriage and Family Therapy (AAMFT) Membership Database of clinical members of AAMFT as of the end of 2006. Data on race were obtained from the 2004 AAMFT Practice Research Network project funded by the Center for Substance Abuse Treatment. Data were collected from a random sample of AAMFT clinical members. The "Hispanic" category was treated as a separate question; accordingly, percentages do not sum up to 100 percent.

[6] For social work, the Association for Social Work Boards estimates the number of licensed social workers to be 310,000. This number excludes bachelor level, doctorate level, and nondegreed licensed social workers. An estimated 79 percent of this number, or 244,900, have MSWs and are thus eligible to hold clinical licenses. The proportion of these MSWs that actually do hold clinical licenses is unknown. Hence, for purposes of this table, the total number of clinically trained social workers is considered to be 244,900.

NOTES: Originally published in Substance Abuse and Mental Health Services Administration (SAMHSA). (2010). *Mental Health, United States, 2008* (DHHS Publication No. SMA 10-4590). Rockville, MD: Center for Mental Health Services, SAMHSA.

Counts of mental health personnel are for clinically active and clinically trained personnel.

SOURCE: Data are drawn from multiple sources and are delineated in the footnotes.

Table 46. Number of mental health organizations with 24-hour hospital/residential treatment settings and number of beds, by type of organization, United States, selected years 1986–2004

[Data are based on reporting by a sample of mental health organizations and general hospitals with separate psychiatric services]

Type of organization	1986	1990	1992	1994	1998	2000	2002	2004
Total mental health organizations								
All organizations[1]	3,039	3,430	3,415	3,827	3,729	3,199	3,032	2,891
Department of Veterans Affairs Medical Centers[2]	124	130	133	135	123	133	131	—
State and county mental hospitals	285	273	273	256	229	223	222	237
Private psychiatric hospitals	314	462	475	430	348	269	253	264
Non-Federal general hospitals with separate psychiatric services	1,287	1,571	1,517	1,531	1,593	1,325	1,232	1,230
All other mental health organizations[3]	592	493	520	1,016	975	774	686	702
Beds per 100,000 civilian population[3]								
All organizations[1]	111.7	111.6	107.5	112.1	99.5	75.4	73.3	71.2
Department of Veterans Affairs Medical Centers[2]	11.2	8.9	8.9	8.2	6.3	3.3	3.4	—
State and county mental hospitals	49.7	40.5	36.9	31.6	25.6	21.5	19.9	19.1
Private psychiatric hospitals	12.6	18.4	17.3	16.4	12.4	9.4	8.7	9.5
Non-Federal general hospitals with separate psychiatric services	19.1	21.9	20.7	20.4	20.2	14.1	14	13.9
All other mental health organizations[3]	8.8	9.7	11.7	23.2	23.1	15.3	13.9	17.3

— Data not available.

[1] This table excludes residential treatment centers for children with emotional disturbance, so the sum of the organizations does not add up to the total of "all organizations." Data on residential treatment centers for children with emotional disturbance are presented in Tables 64 and 65.

[2] Department of Veterans Affairs Medical Centers were not included in the 2004 survey.

[3] Includes freestanding psychiatric outpatient clinics, partial care organizations, and multiservice mental health organizations.

[4] Civilian population estimates for 2000 and beyond are based on the 2000 census as of July 1; population estimates for 1992–1998 are 1990 postcensal estimates.

NOTES: The Survey of Mental Health Organizations was a biennial survey with two phases. In the first phase, limited data were collected from all mental health organizations. In the second phase, more detailed data were collected from a sample of specialty mental health organizations.

Changes to the design of the survey do not permit updates to be made to the Survey of Mental Health Organizations. Updates may be possible in the future.

SOURCE: Survey of Mental Health Organizations, 1986–2004, Substance Abuse and Mental Health Services Administration.

Table 47. Number of mental health organizations with 24-hour hospital/residential treatment settings and number of beds, by type of organization, United States, 2008

[Data are based on reporting by a sample of mental health facilities]

Type of organization	Number
Total mental health organizations	
All organizations[1]	3,130
Department of Veterans Affairs Medical Centers	130
State and county mental hospitals[2]	241
Private psychiatric hospitals	256
Non-Federal general hospitals with separate psychiatric services	1,292
All other mental health organizations[3]	673
Beds per 100,000 civilian population	
All organizations[1]	78.6
Department of Veterans Affairs Medical Centers	3.9
State and county mental hospitals[2]	12.3
Private psychiatric hospitals	8.4
Non-Federal general hospitals with separate psychiatric services	17.9
All other mental health organizations[3]	19.6

[1] This table excludes residential treatment centers for children with emotional disturbance, so the sum of the organizations does not add up to the total of "all organizations." Data on residential treatment centers for children with emotional disturbance are presented in Tables 64 and 65.

[2] Includes hospitals owned by district/regional authority.

[3] Includes freestanding psychiatric outpatient clinics, partial care organizations, and multiservice mental health organizations.

NOTE: The 2008 National Survey of Mental Health Treatment Facilities includes approximately 15,000 point-of-contact facilities nationwide representing approximately 4,400 mental health organizations nationwide.

SOURCE: 2008 National Survey of Mental Health Treatment Facilities, Substance Abuse and Mental Health Services Administration.

Table 48. Number and percentage of State correctional facilities offering various mental health services, by type of facility, United States, 2000

[Data are based on reporting by a sample of State and Federal adult correctional facilities]

Mental health service	All facilities		Confinement facilities[1]		Community-based facilities[2]	
	Number	Percent	Number	Percent	Number	Percent
Total	**1,558**	**100.0**	**1,109**	**100.0**	**449**	**100.0**
Any screening/treatment	1,394	91.8	1,047	95.4	347	82.2
Screen inmates at intake	1,055	69.5	855	77.9	200	47.4
Conduct psychiatric assessments	990	65.2	864	78.8	126	29.9
Provide 24-hour mental health care	776	51.1	693	63.2	83	19.7
Provide therapy/counseling	1,073	70.6	926	84.4	147	34.8
Distribute psychotropic medications	1,115	73.4	910	83.0	205	48.6
Help released inmates obtain services	1,006	66.2	790	72.0	216	51.2
No screening/treatment	125	8.2	50	4.6	75	17.8
Not reported	39	2.5	12	1.1	27	6.0

[1] Correctional facilities were classified as confinement facilities if fewer than 50 percent of the inmates were regularly permitted to leave unaccompanied.

[2] Facilities were classified as community-based if 50 percent or more of their inmates were regularly permitted to leave unaccompanied or if their primary function was community corrections. Such facilities include halfway houses and restitution, prerelease, work release, and study release centers.

NOTES: *Mental Health Treatment in State Prisons, 2000*, reports on facility policies related to screening inmates at intake, conducting psychiatric or psychological evaluations, and providing treatment (including 24-hour mental health care, therapy/counseling, and use of psychotropic medications) in State prisons. This report is based on the 2000 Census of State and Federal Adult Correctional Facilities, which gathered data from 1,668 separate institutions. *Mental Health Treatment in State Prisons* excludes 84 Federal facilities and 26 privately operated facilities in which at least half of the inmates were under Federal authority.

Table originally published in Substance Abuse and Mental Health Services Administration (SAMHSA). (2010). *Mental Health, United States, 2008* (DHHS Publication No. SMA 10-4590). Rockville, MD: Center for Mental Health Services, SAMHSA.

SOURCE: Beck, A. J., & Maruschak, L. M. (2001). *Mental health treatment in State prisons, 2000* (NCJ 188215). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. Retrieved from http://bjs.ojp.usdoj.gov/content/pub/pdf/mhtsp00.pdf

Table 49. Percentage of inmates with a mental health problem in State and Federal correctional facilities (2004) and in local jails (2002) receiving mental health treatment, United States

[Data are based on a survey of inmates]

Type of mental health treatment	2004		2002
	State prison inmates (percent)	Federal prison inmates (percent)	Local jail inmates (percent)
Ever received mental health treatment	49.3	35.3	42.7
Had overnight hospital stay	20.0	9.5	18.0
Used prescribed medications	39.5	28.0	32.7
Had professional mental health therapy	35.4	25.6	31.1
Received treatment during year before arrest	22.3	14.9	22.6
Had overnight hospital stay	5.8	3.2	6.6
Used prescribed medications	15.8	10.1	16.9
On prescribed medication at time of arrest	11.3	7.3	12.3
Had professional mental health therapy	11.5	8.0	12.3
Received treatment after admission	33.8	24.0	17.5
Had overnight hospital stay	5.4	2.7	2.2
Used prescribed medications	26.8	19.5	14.8
Had professional mental health therapy	22.6	15.1	7.3

NOTES: The Survey of Inmates in State and Federal Correctional Facilities, 2004, and the Survey of Inmates in Local Jails, 2002, included a modified structured clinical interview for the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV) (APA, 1994). The interviewed sample included 681,600 State prison inmates; 56,600 Federal prison inmates; and 398,800 local jail inmates.

Any mental health problem was defined by two measures: (1) a recent history of a mental health problem, either in the year before arrest or since admission; or (2) symptoms of a mental health problem that occurred within the 12 months prior to the interview. A recent history of a mental health problem included inmates self-reporting that they were diagnosed with a mental health problem by a mental health professional or that they received treatment for a mental health problem by a mental health professional. Symptoms of a mental disorder were based on criteria specified in the DSM-IV.

Percent refers to inmates receiving treatment as a proportion of inmates with mental health problems.

SOURCE: James, D. J., & Glaze, L. E. (2006). *Mental health problems of prison and jail inmates* (NCJ-213600). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. Retrieved from http://bjs.ojp.usdoj.gov/content/pub/pdf/mhppji.pdf

Table 50. Selected characteristics of mental health and substance abuse services provided by community health centers (CHCs), United States, 2007

[Data are based on reporting from federally funded CHCs]

Mental health/substance abuse services	Service provided by CHC		Service referred elsewhere and funded by CHC		Service referred elsewhere and not funded by CHC		Service through either type of referral/funding source	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All community health centers (CHCs)	1,067	…	1,067	…	1,067	…	1,067	…
Mental health treatment/counseling	822	77.0	129	12.1	816	76.5	1,058	99.2
Developmental screening	765	71.7	54	5.1	685	64.2	1,044	97.8
24-hour crisis intervention/counseling	211	19.8	39	3.7	947	88.8	1,030	96.5
Other mental health services	513	48.1	77	7.2	833	78.1	1,022	95.8
Substance abuse treatment/ counseling	543	50.9	93	8.7	907	85.0	1,047	98.1
Other substance abuse services	367	34.4	69	6.5	905	84.8	1,019	95.5
Comprehensive mental health/ substance abuse screening	450	42.2	57	5.3	815	76.4	1,003	94.0

… Category not applicable.

NOTES: The Uniform Data System is a set of electronic files compiled by the Health Resources and Services Administration (HRSA) from reports submitted annually by all U.S. federally funded CHCs on administration, patient population, demographic characteristics, utilization, and finances.

Community health centers (CHCs) are community-based and patient-directed organizations that serve populations with limited access to health care. These centers are public and private nonprofit health care organizations that meet certain criteria under the Medicare and Medicaid programs and serve a variety of underserved populations and areas. (See U.S. Department of Health and Human Services, HRSA. What is a health center? Available at: http://bphc.hrsa.gov/about/.) The centers included in the table received grants from HRSA to deliver services. A CHC may be counted in more than one service type. Table originally published in Substance Abuse and Mental Health Services Administration (SAMHSA). (2010). *Mental Health, United States, 2008* (DHHS Publication No. SMA 10-4590). Rockville, MD: Center for Mental Health Services, SAMHSA.

SOURCE: Grantees Uniform Data System National Rollup Report, 2007, HRSA.

Table 51. Number and percentage of community health centers (CHCs) with on-site behavioral health services, United States, 1998–2007

[Data are based on reporting from federally funded CHCs]

Year	CHCs (number)	CHCs with specialty mental health on site[1] (percent)	CHCs with crisis services on site (percent)	CHCs with substance abuse treatment on site (percent)
1998	694	53	17	43
1999	690	54	16	43
2000	730	58	18	44
2001	748	62	17	46
2002	843	67	19	48
2003	890	70	20	50
2004	914	72	19	48
2005	952	74	20	50
2006	1,002	76	20	51
2007	1,067	77	20	51

[1] Specialty mental health services were defined in the Uniform Data System documentation as "mental health therapy, counseling, or other treatment provided by a mental health professional."

NOTES: The Uniform Data System is a set of electronic files compiled by the Health Resources and Services Administration (HRSA) from reports submitted annually by all U.S. federally funded CHCs on administration, patient population, demographic characteristics, utilization, and finances.

Community health centers (CHCs) are community-based and patient-directed organizations that serve populations with limited access to health care. These centers are public and private nonprofit health care organizations that meet certain criteria under the Medicare and Medicaid programs and serve a variety of underserved populations and areas. (See U.S. Department of Health and Human Services, HRSA. What is a health center? Available at: http://bphc.hrsa.gov/about/.) "Grantees" refers to receipt of a grant from HRSA to deliver services.

A CHC may be counted in more than one service type.

SOURCES: Grantees Uniform Data System National Rollup Report, 2007, HRSA.

Wells, R., Morrissey, J. P., Lee, I.- H., & Radford, A. (2010). Trends in behavioral health care service provision by community health centers, 1998–2007. *Psychiatric Services, 61*(8), 759–764. Reprinted with permission from *Psychiatric Services* (Copyright © 2010). American Psychiatric Association.

Table 52. Number and percentage of encounters and patients receiving mental health services in community health centers (CHCs), United States, 2007

[Data are based on reporting from federally funded CHCs]

Diagnostic category	Encounters			Patients			Encounters per patient (percent)
	Number	Percent	Mental health encounters (percent)	Number	Percent	Mental health patients (percent)	
All diagnoses	**47,037,267**	**100.0**	…	**13,962,680**	**100.0**	…	**3.4**
Total mental health or substance-related diagnoses	4,450,166	9.5	100.0	1,357,188	9.7	100.0	3.3
Alcohol-related disorders	338,382	0.7	7.6	69,076	0.5	5.1	4.9
Other substance-related disorders (excluding tobacco use disorders)	579,997	1.2	13.0	79,664	0.6	5.9	7.3
Depression and other mood disorders	1,557,220	3.3	35.0	506,442	3.6	37.3	3.1
Anxiety disorders, including posttraumatic stress disorder	595,093	1.3	13.4	257,997	1.8	19.0	2.3
Attention deficit and disruptive behavior disorders	414,651	0.9	9.3	129,460	0.9	9.5	3.2
Other mental disorders, excluding drug or alcohol dependence (includes mental retardation)	964,823	2.1	21.7	314,549	2.3	23.2	3.1

… Category not applicable.

NOTES: The Uniform Data System is a set of electronic files compiled by the Health Resources and Services Administration (HRSA) from reports submitted annually by all U.S. federally funded CHCs on administration, patient population, demographic characteristics, utilization, and finances.

Community health centers (CHCs) are community-based and patient-directed organizations that serve populations with limited access to health care. These centers are public and private nonprofit health care organizations that meet certain criteria under the Medicare and Medicaid programs and serve a variety of underserved populations and areas. (See U.S. Department of Health and Human Services, HRSA. What is a health center? Available at: http://bphc.hrsa.gov/about/.) Table originally published in Substance Abuse and Mental Health Services Administration (SAMHSA). (2010). *Mental Health, United States, 2008* (DHHS Publication No. SMA 10-4590). Rockville, MD: Center for Mental Health Services, SAMHSA.

SOURCE: Grantees Uniform Data System National Rollup Report, 2007, HRSA.

Table 53. Number of specialty mental health and substance abuse encounters in community health centers (CHCs), United States, 1998–2007

[Data are based on reporting from federally funded CHCs]

Year	Specialty mental health encounters[1]	Substance abuse treatment encounters[2]
1998	913,828	571,496
1999	936,309	667,311
2000	1,083,855	682,925
2001	1,223,408	745,855
2002	1,418,752	927,866
2003	1,708,571	1,046,867
2004	1,798,197	934,374
2005	1,976,503	907,227
2006	2,317,997	916,613
2007	2,738,408	972,857

[1] Specialty mental health services were defined in the Uniform Data System documentation as "mental health therapy, counseling, or other treatment provided by a mental health professional."

[2] Substance abuse treatment was defined in the Uniform Data System documentation as "counseling and other medical and/or psychosocial treatment services provided to individuals with substance abuse (i.e., alcohol and/or other drug) problems."

NOTE: The Uniform Data System is a set of electronic files compiled by the Health Resources and Services Administration (HRSA) from reports submitted annually by all U.S. federally funded CHCs on administration, patient population, demographic characteristics, utilization, and finances.

SOURCES: Grantees Uniform Data System National Rollup Report, 2007, HRSA.

Wells, R., Morrissey, J. P., Lee, I.- H., & Radford, A. (2010). Trends in behavioral health care service provision by community health centers, 1998–2007. *Psychiatric Services, 61*(8), 759–764. Reprinted with permission from *Psychiatric Services* (Copyright © 2010). American Psychiatric Association.

Table 54. Percentage of clubhouses providing specific services, United States, 2010

[Data are from an annual survey of clubhouses]

Service/activity	ICCD certified (*N* = 80) (percent)	Non-ICCD certified (*N* = 34) (percent)
Transitional employment[1]	97	88
Independent employment	95	88
Supported employment	94	82
Low priced meals	91	79
Help with obtaining entitlements (e.g., disability insurance)	90	59
Reach out, home or hospital visits	90	76
Education	89	71
Social activities: recreational, sports, and/or cultural	86	68
Help finding housing	85	71
Wellness, nutrition, or health promotion activities	84	68
Links to physical health care/dental care	79	76
Linkage to colleges and universities	78	59
Money management	75	50
Transportation to clubhouse and/or appointments	71	56
Volunteer work to benefit the clubhouse	66	65
Political advocacy, board positions, legislative testimony	62	41
Arbitration of members' disputes (e.g., landlords, employers, family members)	60	44
Mobile outreach	59	44
Psychiatric medication linkage, advocacy, and/or planning	59	50
Substance use/abuse intervention or education	50	32
Nonreimbursed case management	49	32
Financial assistance with buying food or clothing	47	29
Volunteer work to benefit other persons or programs	44	47
Peer support groups	40	44
Adolescent or young adult services	36	21
24-hour crisis coverage	26	9
Reimbursed case management	25	18
Programs/supports for family members	23	24

[1] Two clubhouses lost their transitional employment placements after being certified by the International Center for Clubhouse Development (ICCD).

NOTE: The International Survey of Clubhouses was conducted by ICCD. The survey gathers information about clubhouse characteristics, governance and administration, membership, staffing and staff credentials, unit structure, employment, housing activities, services, and participation in clubhouse training. In 2010, there were 197 ICCD clubhouses in the United States; however, data were only available for 114 of them.

SOURCE: International Survey of Clubhouses, 2010, ICCD.

Table 55. Characteristics of psychiatric discharges from community hospital scatter beds and psychiatric units, United States, 2003

[Data are based on community hospital psychiatric discharges]

Characteristic	Total scatter bed discharges[1]		Scatter bed in hospital with psychiatric unit[2]		Scatter bed in hospital without psychiatric unit[3]		Psychiatric unit[4]	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total discharges = 397,953	**26,969**	**6.8**	**14,130**	**3.6**	**12,839**	**3.2**	**370,984**	**93.2**
Age								
0–17	3,755	13.9	2,878	20.4	877	6.8	38,579	10.4
18–34	4,807	17.8	2,515	17.8	2,292	17.9	110,521	29.8
35–44	4,409	16.3	2,303	16.3	2,106	16.4	90,461	24.4
45–54	4,220	15.6	2,119	15.0	2,101	16.4	67,389	18.2
55–64	2,986	11.1	1,418	10.0	1,568	12.2	29,972	8.1
65 or older	6,791	25.2	2,896	20.5	3,895	30.3	34,052	9.2
Sex								
Male	10,519	39.0	5,743	40.6	4,776	37.2	170,794	46.0
Female	16,449	61.0	8,386	59.3	8,063	62.8	200,180	54.0
Primary expected payer								
Medicare	9,198	34.1	4,007	28.4	5,191	40.4	101,651	27.4
Medicaid	5,872	21.8	3,679	26.0	2,193	17.1	123,820	33.4
Private insurance	8,158	30.2	4,578	32.4	3,580	27.9	99,627	26.9
Uninsured	2,442	9.1	1,188	8.4	1,254	9.8	31,503	8.5
Other	1,227	4.5	637	4.5	590	4.6	12,774	3.4
Admission source								
Emergency department	17,254	64.0	8,505	60.2	8,749	68.1	200,768	54.1
Another hospital	933	3.5	602	4.3	331	2.6	23,998	6.5
Other health facility, including long-term care	386	1.4	189	1.3	197	1.5	12,072	3.3
Court or law enforcement	158	0.1	109	0.1	49	0.4	6,856	1.8
Routine	7,881	29.2	4,389	31.1	3,492	27.2	124,829	33.6

(continued)

Table 55. Characteristics of psychiatric discharges from community hospital scatter beds and psychiatric units, United States, 2003 *(continued)*

Characteristic	Total scatter bed discharges[1]		Scatter bed in hospital with psychiatric unit[2]		Scatter bed in hospital without psychiatric unit[3]		Psychiatric unit[4]	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Discharge disposition								
Routine	19,258	71.4	10,358	73.3	8,900	69.3	310,668	83.7
Short-term hospital	869	3.2	407	2.9	462	3.6	8,404	2.3
Other facility	5,187	19.2	2,536	17.9	2,651	20.6	37,455	10.1
Home health care	910	3.4	436	3.1	474	3.7	4,042	1.1
Against medical advice	568	2.1	313	2.2	255	2.0	8,663	2.3
Died	53	0.2	25	0.2	28	0.2	322	0.1

… Category not applicable.

[1] For total scatter bed discharges, mean total charge is $9,790, and mean length of stay is 5 days.

[2] For scatter bed in hospital with psychiatric unit, mean total charge is $10,206, and mean length of stay is 6 days.

[3] For scatter bed in hospital without psychiatric unit, mean total charge is $9,330, and mean length of stay is 4 days.

[4] For psychiatric unit, mean total charge is $15,456, and mean length of stay is 10 days.

NOTES: The State Inpatient Databases consist of data from 43 States on the number of community hospitals and discharges from those hospitals, which account for approximately 90 percent of all community hospital discharges.

Percent is the percentage of the total discharges.

Discharges were identified as psychiatric based on patient discharge diagnoses as well as revenue codes indicating discharge from a psychiatric unit. Community hospitals are defined by the American Hospital Association as all non-Federal, short-term general, and other specialty hospitals and include academic medical centers or other teaching hospitals if they are non-Federal short-term hospitals. Excluded are hospitals not accessible by the general public, such as prison hospitals or college infirmaries. Scatter beds refer to inpatient psychiatric care provided outside of psychiatric units through general medical beds.

SOURCES: Mark, T. L., Vandivort-Warren, R., Owens, P. L., Buck, J. A., Levit, K. R., Coffey, R. M., & Stocks, C. (2010). Psychiatric discharges in community hospitals with and without psychiatric units: How many and for whom? *Psychiatric Services, 61*(6), 562–568. Reprinted with permission from *Psychiatric Services* (Copyright © 2010). American Psychiatric Association.

State Inpatient Databases, Healthcare Cost and Utilization Project, 2003, Agency for Healthcare Research and Quality.

7. TABLES

7.2 Providers and Settings for Mental Health Services

7.2.1 Adult Mental Health Services

Specialty Mental Health Services

Nonspecialty Mental Health Services

Mental Health Service Capacity

7.2.2 Child Mental Health Services

Mental Health Services
Tables 56–63

Mental Health Service Capacity

7.2.3 Special Populations

Table 56. Number and percentage of persons aged 12 to 17 who received mental health treatment in the past year, by type of treatment, United States, 2009

[Data are based on a survey of a representative sample of the national population]

Source of mental health service[1]	Number (1,000s)	Percent
Specialty mental health	**2,920**	**12.0**
Outpatient[2]		
Total	2,635	10.8
Private therapist, psychologist, psychiatrist, social worker, or counselor	2,281	9.3
Mental health clinic or center	533	2.2
Partial day hospital or day treatment program	339	1.4
In-home therapist, counselor, or family preservation worker	651	2.7
Inpatient or residential (overnight or longer stay)		
Total	565	2.3
Hospital	435	1.8
Residential treatment center	211	0.9
Foster care or therapeutic foster care home	92	0.4
Education[3,4]		
Total	2,919	12.1
School social worker, school psychologist, or school counselor	2,276	9.4
Special school or program within a regular school for students with emotional or behavioral problems	970	4.0
Medical		
Pediatrician or other family doctor	603	2.5
Specialty mental health and education or medical[4,5]	1,190	4.9
Juvenile justice[6]		
Juvenile detention center, prison, or jail[7]	109	0.4

[1] Respondents could indicate multiple service sources; thus, these response categories are not mutually exclusive.

[2] Outpatient treatment includes treatment/counseling from a (1) private therapist, psychologist, psychiatrist, social worker, or counselor; (2) mental health clinic or center; (3) partial day hospital or day treatment program; or (4) in-home therapist, counselor, or family preservation worker.

[3] Respondents who did not report their school enrollment status, who reported not being enrolled in school in the past 12 months, or who reported being home-schooled were not asked about receipt of mental health treatment/counseling from this source; however, respondents who reported not being enrolled in school in the past 12 months were classified as not having received treatment/counseling from this source.

[4] Because of revisions to the "source of youth mental health education services" questions in 2009, these estimates are not comparable with the education services estimates presented before the 2009 National Survey on Drug Use and Health (NSDUH).

[5] Includes receipt of any specialty mental health services and receipt of services from either education or medical sources.

[6] A question on receiving juvenile justice youth mental health services was added to NSDUH in 2009, so data are not available for 2008.

[7] These services were often provided by psychiatrists, psychologists, social workers, or counselors who work for the court system.

NOTE: The National Survey on Drug Use and Health is a nationally representative survey of the civilian, noninstitutionalized population of the United States aged 12 or older. The survey interviews approximately 67,500 persons each year. In 2009, 22,626 youth aged 12 to 17 were interviewed.

SOURCE: National Survey on Drug Use and Health, 2009, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

Table 57. Percentage of persons aged 8 to 15 who used mental health services in the past year, United States, 2001–2004

[Data are based on evaluations of a sample of the civilian noninstitutionalized population]

12-month disorder	All cases (percent)	Cases with severe impairment[1] (percent)
Any disorder	50.6	52.8
Attention deficit hyperactivity disorder	47.7	48.5
Conduct disorder	46.4	44.2
Anxiety disorders[2]	32.2	33.9
Mood disorders	43.8	50.7

[1] Impairment was assessed using six items. Cases with severe impairment received either a severe rating on any question or an intermediate rating on two questions or more.

[2] Anxiety disorders include generalized anxiety disorder (GAD) and panic disorders.

NOTES: The National Health and Nutrition Examination Survey (NHANES) is a nationally representative probability sample of noninstitutionalized U.S. civilians and in the sample shown includes 3,024 children aged 8 to 15 who were evaluated in person at the mobile examination centers of the 2001–2004 NHANES.

Not all mental health diagnoses are included under "any disorder."

The notes and source for this table have been reordered at the express wish of the copyright holding organization. Service use indicated that the respondent saw someone at a hospital, clinic, or office because of a specific disorder in the previous 12 months.

Mental disorders were assessed using the National Institute of Mental Health Diagnostic Interview Schedule for Children (DISC) Version IV, 1997, a structured diagnostic interview administered by lay interviewers to assess *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV) (APA, 1994) diagnostic criteria for mental disorders in children and adolescents. Diagnostic modules within DISC include an assessment of both symptoms and functional impairment. Six impairment items assess personal distress and social (at home or with peers) or academic difficulties within each diagnostic module; these items are rated from "mild" to "severe." Disorder with severe impairment indicates two "intermediate" or one "severe" rating on the six impairment questions within that diagnostic module. This study assessed only certain childhood mental disorders by parent or youth report. Modules for GAD, panic disorder, eating disorders (anorexia nervosa and bulimia nervosa), and major depressive disorder (MDD)/dysthymic disorder (DD) were administered to youth; and modules for MDD/DD, eating disorders, attention deficit hyperactivity disorder (ADHD), and conduct disorder were administered to the primary caretakers. The diagnoses of GAD and panic disorder were based on youth reports alone, those of ADHD and conduct disorder were based on parent reports alone, and those of MDD/DD and eating disorders were based on either youth or parent reports. The prevalence of mental disorders found in this study may be underestimated due to study methods. This study did not assess two common childhood anxiety disorders: separation anxiety and phobias. And, as described above, certain diagnoses were assessed by either youth or parent report, counter to methods used in previous research. See Merikangas et al. (2010) for additional details on the disorders presented.

At the request of the publisher, Table 57a is the original, published form of the table, and the source reference is listed directly below the table.

SOURCE: Merikangas, K. R., He, J.-P., Brody, D., Fisher, P. W., Bourdon, K., & Koretz, D. S. (2010). Prevalence and treatment of mental disorders among US children in the 2001–2004 NHANES. *Pediatrics, 125*(1), 75–81. *Reproduced with permission from Pediatrics, 125*(1), 75–81, Copyright © 2010 by the American Academy of Pediatrics.

Table 57a. Percentage of persons aged 8 to 15 who used mental health services in the past year, United States, 2001–2004: Original exhibit

Original title: Past-year mental health service use among children 8 to 15 years of age with 12-month, DSM-IV–defined disorder

12-mo Disorder	All Cases		Cases With Severe Impairment[a]	
	n	Proportion, Estimate ± SE, %	*n*	Proportion, Estimate ± SE, %
Any disorder	366	50.6 ± 3.4	305	52.8 ± 3.7
ADHD	218	47.7 ± 4.4	195	48.5 ± 4.5
Conduct disorder	68	46.4 ± 8.0	63	44.2 ± 8.4
Anxiety disorders (GAD or panic disorder)	21	32.2 ± 14.3	12	33.9 ± 19.0
Mood disorders	128	43.8 ± 6.0	95	50.7 ± 6.0

Service use indicated the respondent saw someone at a hospital, clinic, or office because of [specific disorder] in the previous 12 months.

[a] Impairment level D.

SOURCE: Merikangas, K. R., He, J.-P., Brody, D., Fisher, P. W., Bourdon, K., & Koretz, D. S. (2010). Prevalence and treatment of mental disorders among US children in the 2001–2004 NHANES. *Pediatrics, 125*(1), 75–81.

NOTES: Reproduced with permission from *Pediatrics, 125*(1), 75–81, Copyright © 2010 by the American Academy of Pediatrics.

At the request of the publisher, Table 57a is the original, published form of the table.

Table 58. Number and percentage of persons aged 2 to 17 using prescription medication for attention deficit hyperactivity disorder (ADHD), by selected characteristics, United States, 2007

[Data are based on a nationally representative survey of children]

Characteristic	Taking medication		Not taking medication	
	Number (1,000s)[1]	Percent[2]	Number (1,000s)[1]	Percent[2]
Total	**2,744**	**4.2**	**1,413**	**2.2**
Age				
2–5	51	0.3	98	0.6
6–11	1,263	5.3	518	2.2
12–17	1,430	5.7	797	3.2
Sex				
Male	2,036	6.1	991	3.0
Female	702	2.2	422	1.3
Hispanic origin and race[3]				
Hispanic	270	2.1	207	1.6
White, non-Hispanic	1,802	5.0	780	2.2
Black, non-Hispanic	433	4.7	247	2.7
Multiracial, non-Hispanic	159	6.0	88	3.3
Other, non-Hispanic	46	1.5	37	1.2
Poverty[4,5]				
0–99 percent of Federal poverty level	647	5.5	299	2.6
100–199 percent of Federal poverty level	563	4.1	369	2.7
200–399 percent of Federal poverty level	805	4.0	398	2.0
400 percent of Federal poverty level or higher	729	3.8	347	1.8
Any health care coverage				
Public insurance, such as Medicaid/CHIP[6]	1,181	6.5	539	3.0
Private health insurance	1,459	3.6	729	1.8
Currently uninsured	93	1.5	106	1.7

[1] Estimated number of children in population after applying sampling weights. In some cases, this number may be underestimated because unknown values are not included in its calculation. Unknown values are less than 1 percent for most questions. Among the exceptions is household income, with nearly 10 percent unknown values.

[2] Estimated percentage of specified child population after applying sampling weights.

[3] Hispanic includes all children reporting Hispanic/Latino origin; non-Hispanic children reporting a single race category of either white or black are grouped respectively; non-Hispanic children reporting more than one race category are grouped as "multiracial"; and non-Hispanic children reporting only one race category of Asian, American Indian, Alaska Native, Native Hawaiian, or Pacific Islander are grouped as "other" because of small sample sizes. Race data were missing for approximately 2 percent of respondents.

[4] The Federal poverty level (FPL) numbers are based on the Federal poverty guidelines issued annually by the U.S. Department of Health and Human Services. FPL is used as a measure of eligibility for a wide variety of State and Federal programs. For more information, visit http://aspe.hhs.gov/poverty.

[5] Household poverty level for the 9.3 percent of households in the sample with unknown values for income, household size, or both was calculated using single imputation methods. The poverty level estimates and confidence intervals based on single imputed poverty level may differ slightly from those obtained using multiple imputation methods.

[6] CHIP is the Children's Health Insurance Program (formerly State Children's Health Insurance Program [SCHIP]).

NOTE: The National Survey of Children's Health is a nationally representative survey of 91,642 noninstitutionalized children aged 0 to 17 and provides a range of children's health and well-being information.

SOURCE: National Survey of Children's Health, 2007, Child and Adolescent Health Measurement Initiative, Oregon Health and Science University. Computed from data retrieved December 28, 2010, from http://www.nschdata.org

Table 59. Number and percentage of persons aged 12 to 17 who received mental health treatment in the past year, by selected characteristics, United States, 2009

[Data are based on a survey of a representative sample of the national population]

Characteristic	Specialty mental health service—total		Specialty mental health service—outpatient[1]		Specialty mental health service—inpatient or residential[2]		Education[3,4]		Medical[5]		Juvenile justice[4,6]	
	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent
Total	**2,920**	**12.0**	**2,635**	**10.8**	**565**	**2.3**	**2,919**	**12.1**	**603**	**2.5**	**109**	**0.4**
Age												
12–13	851	11.6	778	10.6	137	1.8	965	13.3	165	2.2	21	0.3
14–15	1,043	12.3	925	10.9	223	2.6	1,107	13.1	199	2.3	32	0.4
16–17	1,026	12.1	932	11.0	205	2.4	846	10.0	239	2.8	56	0.7
Sex												
Male	1,249	10.1	1,066	8.6	300	2.4	1,306	10.6	252	2.0	65	0.5
Female	1,671	14.0	1,569	13.1	265	2.2	1,613	13.6	350	2.9	44	0.4
Hispanic origin and race												
Not Hispanic or Latino	2,439	12.4	2,205	11.3	452	2.3	2,331	11.9	492	2.5	72	0.4
White	1,819	12.8	1,684	11.8	288	2.0	1,549	10.9	366	2.6	40	0.3
Black or African American	444	12.2	362	9.9	122	3.3	594	16.4	94	2.6	24	0.7
American Indian or Alaska Native	19	14.9	18	14.5	5	3.9	14	10.8	1	1.1	1	0.6
Native Hawaiian or Other Pacific Islander	*	*	*	*	*	*	*	*	*	*	*	*
Asian	64	6.6	55	5.7	15	1.5	99	10.3	11	1.1	0	0.0
Two or more races	86	16.4	78	14.9	22	4.1	70	13.5	20	3.8	6	1.1
Hispanic or Latino	481	10.2	430	9.1	113	2.4	587	12.6	110	2.3	37	0.8
Poverty status[7]												
Poor	562	12.3	450	9.9	176	3.8	660	14.6	136	3.0	40	0.9
Near poor	693	12.8	615	11.4	171	3.1	735	13.7	150	2.8	39	0.7
Not poor	1,666	11.6	1,570	10.9	218	1.5	1,523	10.6	316	2.2	30	0.2
Geographic region												
Northeast	551	13.0	510	12.0	91	2.1	549	13.0	102	2.4	16	0.4
Midwest	689	12.9	615	11.5	131	2.4	681	12.8	136	2.5	28	0.5
South	987	11.1	857	9.6	234	2.6	1,023	11.5	242	2.7	36	0.4
West	693	11.9	652	11.2	110	1.9	666	11.5	123	2.1	29	0.5

(continued)

Table 59. Number and percentage of persons aged 12 to 17 who received mental health treatment in the past year, by selected characteristics, United States, 2009 *(continued)*

Characteristic	Specialty mental health service—total		Specialty mental health service—outpatient[1]		Specialty mental health service—inpatient or residential[2]		Education[3,4]		Medical[5]		Juvenile justice[4,6]	
	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent
County type												
Large metro	1,567	12.2	1,417	11.0	281	2.2	1,583	12.4	273	2.1	53	0.4
Small metro	916	12.1	834	11.0	169	2.2	907	12.0	209	2.7	38	0.5
Nonmetro	437	11.3	384	9.9	115	2.9	429	11.1	122	3.1	18	0.5

*Estimates are considered unreliable.

[1] Includes treatment/counseling from a (1) private therapist, psychologist, psychiatrist, social worker, or counselor; (2) mental health clinic or center; (3) partial day hospital or day treatment program; or (4) in-home therapist, counselor, or family preservation worker.

[2] Includes treatment/counseling from an overnight or longer stay in a (1) hospital, (2) residential treatment center, or (3) foster care or therapeutic foster care home.

[3] Includes treatment/counseling from (1) a school social worker, school psychologist, or school counselor; or (2) a special school or program within a regular school for students with emotional or behavioral problems. Respondents who did not report their school enrollment status, who reported not being enrolled in school in the past 12 months, or who reported being home-schooled were not asked about receipt of mental health treatment/counseling from this source; however, respondents who reported not being enrolled in school in the past 12 months were classified as not having received treatment/counseling from this source.

[4] Because of revisions to the "source of youth mental health education services" questions in 2009, these estimates are not comparable with the education services estimates presented before the 2009 National Survey on Drug Use and Health (NSDUH).

[5] Includes treatment/counseling from a pediatrician or other family doctor.

[6] Includes treatment/counseling received in juvenile detention centers, prisons, or jails, and often provided by psychiatrists, psychologists, social workers, or counselors who work for the court system. A question on receiving juvenile justice youth mental health services was added to NSDUH in 2009, so data are not available for 2008.

[7] Poverty status is based on respondent age, family income, family size, and composition using the U.S. Census Bureau's poverty thresholds. "Poor" persons are defined as living in households where the family income is less than 100 percent of the U.S. Census poverty threshold. "Near poor" persons have incomes of 100 percent to less than 200 percent of the poverty threshold. "Not poor" persons have incomes that are 200 percent of the poverty threshold or greater.

NOTES: The National Survey on Drug Use and Health (NSDUH) is a nationally representative survey of the civilian, noninstitutionalized population of the United States aged 12 or older. The survey interviews approximately 67,500 persons each year. In 2009, 22,626 youth aged 12 to 17 were interviewed.

Receipt of mental health services for persons aged 12 to 17 is defined as having received treatment/counseling for emotional or behavioral problems not caused by drug or alcohol use. Respondents with unknown receipt of mental health service information were excluded. Respondents could indicate multiple service sources; thus, the response categories are not mutually exclusive.

SOURCE: National Survey on Drug Use and Health, 2009, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

Table 60. Number and percentage of persons aged 12 to 17 with a past year major depressive episode (MDE) who received particular types of care, by selected characteristics, United States, 2009

[Data are based on a survey of a representative sample of the national population]

Characteristic	Saw or talked to medical doctor or other professional OR used prescription medication		Saw or talked to medical doctor or other professional AND used prescription medication		Saw or talked to medical doctor or other professional only		Used prescription medication only	
	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent	Number (1,000s)	Percent
Total	**674**	**34.7**	**234**	**12.0**	**394**	**20.3**	**45**	**2.3**
Sex								
Male	167	29.3	52	9.1	107	18.8	8	1.4
Female	507	37.0	182	13.2	287	20.9	38	2.7
Hispanic origin and race								
Not Hispanic or Latino	556	35.1	200	12.6	324	20.5	30	1.9
White	440	37.6	178	15.2	237	20.2	26	2.2
Black or African American	72	25.4	*	*	55	19.4	4	1.2
Other or two or more races	*	*	9	6.9	*	*	1	0.6
Hispanic or Latino	118	33.1	33	9.3	70	19.5	15	4.3
Poverty status[1]								
Poor	110	32.9	35	10.5	66	19.7	9	2.6
Near poor	147	32.1	45	9.8	83	18.3	18	3.9
Not poor	417	36.3	153	13.3	244	21.3	18	1.6
Health insurance status[2]								
Private coverage	418	35.1	156	13.1	246	20.7	14	1.2
Medicaid/CHIP[3]	200	36.0	67	11.9	116	20.8	18	3.1
Other coverage[4]	*	*	*	*	*	*	*	*
No coverage	45	25.6	11	6.3	22	12.5	*	*

See notes on page 179.

Table 60 notes

*Estimates are considered unreliable.

[1] Poverty status is based on respondent age, family income, family size, and composition using the U.S. Census Bureau's poverty thresholds. "Poor" persons are defined as living in households where the family income is less than 100 percent of the U.S. Census poverty threshold. "Near poor" persons have incomes of 100 percent to less than 200 percent of the poverty threshold. "Not poor" persons have incomes that are 200 percent of the poverty threshold or greater.

[2] Respondents could indicate multiple types of health insurance; thus, these response categories are not mutually exclusive.

[3] CHIP is the Children's Health Insurance Program (formerly State Children's Health Insurance Program [SCHIP]). Qualified individuals aged 19 or younger are eligible for this plan.

[4] Other health insurance is defined as having Medicare, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), TRICARE, Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA), Veterans Administration (VA), military health care, or any other type of health insurance.

NOTES: The National Survey on Drug Use and Health is a nationally representative survey of the civilian, noninstitutionalized population of the United States aged 12 or older. The survey interviews approximately 67,500 persons each year. In 2008, 22,546 youth aged 12 to 17 were interviewed. In 2009, 22,626 youth aged 12 to 17 were interviewed.

Respondents with unknown past year treatment data were excluded.

Major depressive episode (MDE) is defined as a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms. According to the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV) (APA, 1994), two or more MDEs are necessary to meet the criteria for recurrent major depressive disorder.

SOURCE: National Survey on Drug Use and Health, 2009, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

Table 61. Use of residential treatment centers by children with emotional disturbance, by type of facility, United States, selected years 1986–2004

[Data are based on reporting by a sample of mental health organizations and general hospitals with separate psychiatric services]

Year	24-hour hospital and residential treatment		Less than 24-hour care[3]	
	Admissions[1]	Admission rate per 100,000 civilian population[2]	Admissions[1]	Admission rate per 100,000 civilian population[2]
1986	24,511	10.2	67,344	28.1
1990	41,588	17.0	99,503	40.8
1992	36,388	14.4	121,131	48.0
1994	46,704	18.0	167,344	64.6
1998	44,930	16.7	128,271	47.4
2000	45,841	16.2	199,201	70.6
2002	59,633	20.7	207,722	72.1
2004	60,620	20.3	194,294	65.2

[1] Admissions sometimes are referred to as additions, because they can be duplicated counts across a year.

[2] Civilian population estimates for 2000 and beyond are based on the 2000 census as of July 1; population estimates for 1992–1998 are 1990 postcensal estimates.

[3] Includes freestanding psychiatric outpatient clinics, partial care organizations, and multiservice mental health organizations.

NOTES: The Survey of Mental Health Organizations was a biennial survey with two phases. In the first phase, limited data were collected from all mental health organizations. In the second phase, more detailed data were collected from a sample of specialty mental health organizations.

Changes to the design of the survey do not permit updates to be made to the Survey of Mental Health Organizations at this time. Updates may be possible in the future.

SOURCE: Survey of Mental Health Organizations, 1986–2004, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.

Table 62. Number and percentage of prescription mental health/substance abuse (MH/SA) medication fills for all medical conditions among persons aged 17 or younger, by selected medication class, United States, 1996–2008

[Data are based on a nationally representative survey of households, medical providers, and employers]

Medication class	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
All MH and/or SA medications													
(percent of all prescription fills)	10.9	13.1	14.3	13.9	15.2	15.5	15.4	17.1	18.6	18.3	17.9	17.2	18.7
All MH and/or SA medications (millions)	**18.2**	**19.8**	**21.4**	**21.3**	**23.3**	**26.1**	**27.3**	**32.6**	**32.5**	**33.7**	**34.3**	**29.8**	**31.6**
Antianxiety, all classes (millions)	2.1	1.5	1.8	2.3	1.6	2.2	2.2	2.0	1.7	1.4	1.8	1.8	0.9
Antidepressants, all classes (millions)	3.1	4.3	4.1	4.0	6.1	5.8	7.2	8.5	6.9	7.2	6.4	4.8	5.3
Antipsychotics, all classes (millions)	*	*	*	*	1.4	1.8	2.0	2.2	2.9	4.1	3.8	2.6	3.9
Stimulants (millions)	11.5	12.3	13.8	13.9	13.2	15.1	14.2	17.8	18.9	18.9	20.3	19.1	20.6

*Estimates are considered unreliable.

[1] Antianxiety medications include sedative and hypnotic medications.

NOTES: The Medical Expenditure Panel Survey (MEPS) is a set of large-scale surveys of families and individuals, their medical providers (e.g., doctors, hospitals, pharmacies), and employers across the United States. Since 1996, MEPS has collected data on the specific health services that Americans use, how frequently they use them, the cost of these services, and how they are paid for, as well as data on the cost, scope, and breadth of health insurance held by and available to U.S. workers.

All classes combined do not add to total because the table does not detail classes of medication with a relatively small number of fills.

See Appendix C for complete list of medications. Categorization of medications follows that of the National Institute of Mental Health (http://www.nimh.nih.gov/health/publications/mental-health-medications/alphabetical-list-of-medications.shtml).

SOURCES: Medical Expenditure Panel Survey, 1996–2008, Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality.

Zuvekas, S. H. (2005). Prescription drugs and the changing patterns of treatment for mental disorders, 1996–2001. *Health Affairs, 24*(1), 195–205.

Table 63. Number and percentage of prescription mental health/substance abuse (MH/SA) medication fills for an MH/SA condition among persons aged 17 or younger, by selected medication class, United States, 1996–2008

[Data are based on a nationally representative survey of households, medical providers, and employers]

Medication class	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
MH and/or SA medications													
(percent of all prescription fills)	9.3	11.5	12.5	12.2	13.2	13.3	13.7	15.3	16.9	17.1	16.8	16.0	17.9
MH and/or SA medications (millions)	**15.6**	**17.5**	**18.7**	**18.6**	**20.2**	**22.4**	**24.2**	**29.0**	**29.5**	**31.4**	**32.2**	**27.6**	**30.2**
Antianxiety, all classes (millions)	*	*	*	*	*	*	*	*	*	*	*	*	*
Antidepressants, all classes (millions)	2.6	3.9	3.5	3.5	5.5	5.2	6.5	7.3	6.1	6.5	5.8	4.2	4.9
Antipsychotics, all classes (millions)	*	*	*	*	*	1.4	1.5	2.0	2.6	4.0	3.7	2.5	3.8
Stimulants (millions)	11.1	11.9	13.2	13.8	12.2	14.2	13.4	17.1	18.5	18.7	19.9	18.8	20.6

*Estimates are considered unreliable.

[1] Antianxiety medications include sedative and hypnotic medications.

NOTES: The Medical Expenditure Panel Survey (MEPS) is a set of large-scale surveys of families and individuals, their medical providers (e.g., doctors, hospitals, pharmacies), and employers across the United States. Since 1996, MEPS has collected data on the specific health services that Americans use, how frequently they use them, the cost of these services, and how they are paid for, as well as data on the cost, scope, and breadth of health insurance held by and available to U.S. workers.

All classes combined do not add to total because the table does not detail classes of medication with a relatively small number of fills.

See Appendix C for complete list of medications. Categorization of medications follows that of the National Institute of Mental Health (http://www.nimh.nih.gov/health/publications/mental-health-medications/alphabetical-list-of-medications.shtml).

SOURCES: Medical Expenditure Panel Survey, 1996–2008, Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality.

Zuvekas, S. H. (2005). Prescription drugs and the changing patterns of treatment for mental disorders, 1996–2001. *Health Affairs, 24*(1), 195–205.

7. TABLES

7.2 Providers and Settings for Mental Health Services

7.2.1 Adult Mental Health Services

Specialty Mental Health Services

Nonspecialty Mental Health Services

Mental Health Service Capacity

7.2.2 Child Mental Health Services

Mental Health Services

Mental Health Service Capacity
Tables 64–66

7.2.3 Special Populations

Table 64. Number of residential treatment centers for children with emotional disturbance and number of beds among persons aged 17 or younger, United States, selected years 1986–2004

[Data are based on reporting by a sample of mental health organizations and general hospitals with separate psychiatric services]

Year	Number of treatment centers	Number of filled residential treatment beds	Filled beds per 100,000 civilian population[1]
1986	437	24,547	10.3
1990	501	35,170	13.9
1992	497	34,952	13.7
1994	472	32,691	12.4
1998	462	32,040	11.2
2000	476	33,508	11.7
2002	510	39,407	13.5
2004	458	33,835	11.4

[1] Civilian population estimates for 2000 and beyond are based on the 2000 census as of July 1; population estimates for 1992–1998 are 1990 postcensal estimates.

NOTES: The Survey of Mental Health Organizations was a biennial survey with two phases. In the first phase, limited data were collected from all mental health organizations. In the second phase, more detailed data were collected from a sample of specialty mental health organizations.

Changes to the design of the survey do not permit updates to be made to the Survey of Mental Health Organizations at this time. Updates may be possible in the future.

SOURCE: Survey of Mental Health Organizations, 1986–2004, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.

Table 65. Number of residential treatment centers for children with emotional disturbance and number of beds among persons aged 17 or younger, United States, 2008

[Data are based on reporting by a sample of mental health facilities]

Type of facility	Number of beds
Total number of treatment centers	551
Number of treatment centers with 24-hour hospital or residential treatment service	538
Number of treatment centers with less than 24-hour care	219
Number of 24-hour hospital and residential treatment beds	50,063
Inpatient beds	1,717
Residential care beds	48,346
Number of 24-hour hospital and residential treatment beds per 100,000 civilian population	16.5
Inpatient beds per 100,000 civilian population	0.6
Residential care beds per 100,000 civilian population	15.9
Number of inpatient or residential care residents	44,900
Number of inpatient or residential care residents per 100,000 civilian population	14.8

NOTE: The 2008 National Survey of Mental Health Treatment Facilities includes approximately 15,000 point-of-contact facilities nationwide representing approximately 4,400 mental health organizations nationwide.

SOURCE: National Survey of Mental Health Treatment Facilities, 2008, Substance Abuse and Mental Health Services Administration.

Table 66. Percentage of schools that provided mental health or social services and methods of service delivery, United States, 2006

[Data are based on a survey of schools]

Type of service	Percent
Mental health or social service[1]	
Alcohol or other drug use treatment[2]	53.8
Counseling after a natural disaster or other emergency or crisis situation	94.2
Counseling for emotional or behavioral disorders (e.g., anxiety, depression, ADHD)	86.2
Crisis intervention for personal problems	95.4
Eating disorders treatment[2]	46.2
Identification of emotional or behavioral disorders (e.g., anxiety, depression, ADHD)	81.7
Identification of or referral for physical, sexual, or emotional abuse	93.8
Identification of or referral for students with family problems	94.0
Services for gay, lesbian, or bisexual students[2]	59.0
Stress management	83.6
Method of service delivery[1]	
Case management for students with chronic health conditions (e.g., asthma, diabetes)	40.3
Case management for students with emotional or behavioral problems (e.g., anxiety, depression, ADHD)	83.7
Comprehensive assessment or intake evaluation	65.1
Family counseling	49.7
Group counseling	78.6
Individual counseling	92.9
Peer counseling or mediation	67.9
Self-help or support groups	64.4

[1] Services provided by mental health and social services staff, such as counselors, psychologists, and social workers. Did not include activities by teachers in the classroom or activities by nurses or physicians.

[2] Only asked in middle schools and high schools.

NOTES: The School Health Policies and Programs Study is a nationally representative survey of State education agency personnel in all 50 States plus the District of Columbia; school districts (n = 538); elementary, middle, and high schools (n = 1,103); teachers of classes covering required health instruction in elementary schools and required health education courses in middle and high schools (n = 912); and teachers of required physical education classes and courses (n = 1,194).

ADHD, attention deficit hyperactivity disorder.

SOURCE: Brener, N. D., Weist, M., Adelman, H., Taylor, L., & Vernon-Smiley, M. (2007). Mental health and social services: Results from the School Health Policies and Programs Study 2006. *Journal of School Health, 77*(8), 486–499. This material is reproduced with permission of John Wiley & Sons, Inc.

7 TABLES

7.2 Providers and Settings for Mental Health Services

7.2.1 Adult Mental Health Services

Specialty Mental Health Services

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7.2.2 Child Mental Health Services

Specialty Mental Health Services

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7.2.3 ***Special Populations***
Tables 67–69

Table 67. Percentage of active duty military who received mental health treatment in the past year, United States, 2008

[Data are based on a national survey of active duty service members]

Mental health measure	Army (percent)	Navy (percent)	Marine Corps (percent)	Air Force (percent)	DoD services[1] (percent)	Coast Guard (percent)	All services[2] (percent)
Receipt of prescribed medication for depression, anxiety, or sleeping problems	10.7	6.2	7.9	8.1	8.6	6.3	8.5
Receipt of mental health counseling							
Any mental health counseling	24.2	17.4	19.9	16.0	20.0	17.1	19.9
From a military mental health professional	13.0	7.7	9.8	8.6	10.2	6.4	10.1
From a general physician at a military facility	9.3	6.3	8.0	5.0	7.3	5.3	7.3
From a military chaplain	8.0	5.2	7.1	3.4	6.1	2.6	6.0
From a civilian mental health professional	6.2	3.8	5.1	3.0	4.7	6.3	4.7
From a general physician at a civilian facility	3.8	2.0	3.4	1.4	2.7	2.5	2.7
From a civilian pastoral counselor	3.3	2.7	3.7	1.7	2.8	1.9	2.8
From a self-help group (e.g., Alcoholics Anonymous, Narcotics Anonymous)	2.7	2.5	3.5	1.2	2.4	1.9	2.4
Concerns sought help for							
Depression	9.9	6.8	8.1	5.5	7.8	6.1	7.8
Anxiety	7.8	4.9	5.6	4.0	5.9	4.7	5.9
Family problems	9.0	6.0	7.6	6.5	7.5	6.4	7.4
Substance use problems	1.7	1.5	2.8	0.9	1.6	1.1	1.6
Anger or stress management	9.6	5.9	7.9	5.1	7.4	5.0	7.3
Other	6.4	3.8	4.8	3.4	4.9	3.5	4.8

[1] "DoD services" includes Army, Navy, Marine Corps, and Air Force.

[2] "All services" includes Army, Navy, Marine Corps, Air Force, and Coast Guard.

Table 67 notes *(continued)*

NOTES: The 2008 Department of Defense Survey of Health Related Behaviors Among Active Duty Military Personnel provides representative estimates on substance use and abuse, mental well-being, stress and coping, combat exposure experience, deployment experience, and selected general health topics for all active duty personnel. The final sample consisted of 28,546 military personnel (5,927 Army; 6,637 Navy; 5,117 Marine Corps; 7,009 Air Force; and 3,856 Coast Guard) who completed self-administered questionnaires anonymously.

Table displays the percentage of military personnel by service who reported the mental illness/suicide response as indicated in the rows of this table. Estimates have not been adjusted for sociodemographic differences across services.

SOURCE: Department of Defense Survey of Health Related Behaviors Among Active Duty Military Personnel, 2008. As taken from Bray, R. M., Pemberton, M. R., Hourani, L. L., Witt, M., Rae Olmsted, K. L., Brown, J. M., … Bradshaw, M. R. (2009). *2008 Department of Defense survey of health related behaviors among active duty military personnel*. Report prepared for TRICARE Management Activity, Office of the Assistant Secretary of Defense (Health Affairs) and U.S. Coast Guard. Retrieved from http://www.tricare.mil/2008HealthBehaviors.pdf. The views, opinions, and findings contained in this report are those of the authors and should not be construed as an official Department of Defense position, policy, or decision, unless so designated by other official documentation.

Table 68. Percentage of active duty, National Guard, and Reserve personnel receiving mental health counseling, United States, 2006

[Data are based on self-administered questionnaires of military personnel]

Service	Unadjusted (percent)	Adjusted[1] (percent)
Army—total	15.5	15.1
Active duty	16.4	16.9
National Guard	14.8	14.5
Reserve	14.7	14.0
Navy—total	14.0	13.1
Active duty	14.8	15.1
Reserve	10.8	11.0
Marine Corps—total	12.5	12.2
Active duty	12.7	13.2
Reserve	*	*
Air Force—total	12.5	11.2
Active duty	13.3	13.2
National Guard	11.4	11.0
Reserve	9.7	9.5
Total DoD	14.1	13.0
Active duty	14.6	14.6
Total National Guard and Reserve	13.3	11.9

*Estimates are considered unreliable because of low precision.

[1] Adjusted estimates have been corrected for differences in the demographic distributions between the Reserve components. The main effects of sex, age group, enlisted/officer indicator, marital status, education, and race/ethnicity were used in this standardization process. Comparisons across Reserve service components should be based upon adjusted estimates.

NOTES: The 2006 Department of Defense Survey of Health Related Behaviors Among the Guard and Reserve Force provides representative estimates on substance use, stress and mental health, healthy behaviors and lifestyles, and other specific issues, such as injuries and injury prevention, sleep habits, and risk taking, for all Guard and Reserve component personnel. The final sample consisted of 18,342 military personnel (2,796 Army National Guard; 1,665 Army Reserve; 3,215 Navy Reserve; 1,159 Marine Corps Reserve; 2,851 Air National Guard; and 6,656 Air Force Reserve) who completed self-administered questionnaires anonymously.

Reserve component estimates exclude full-time or activated Guard and Reserve.

Mental health counseling refers to receiving services from a psychologist, psychiatrist, clinical social worker, other mental health counselor, or a general medical doctor at a military or civilian facility. Services could also be received from a military chaplain, civilian pastor, rabbi, other pastoral counselor, or a self-help group, such as Alcoholics Anonymous or Narcotics Anonymous.

SOURCES: Department of Defense Survey of Health Related Behaviors Among the Guard and Reserve Force, 2006. As taken from Hourani, L. L., Bray, R. M., Marsden, M. E., Witt, M. B., Vandermaas-Peeler, R., Scheffler, S., … Strange, L. B. (2007, September). *2006 Department of Defense survey of health related behaviors among the Guard and Reserve force*. Report prepared for TRICARE Management Activity. Retrieved from http://www.tricare.mil/hpae/_docs/RC_2006 Reserve Component_FR_9-07.pdf. The views, opinions, and findings contained in this report are those of the authors and should not be construed as an official Department of Defense position, policy, or decision, unless so designated by other official documentation.

Table 69. Percentage of persons aged 10 to 20 in the juvenile justice system receiving mental health counseling, by selected characteristics, United States, 2003

[Data are based on a nationally representative survey of youth in residential placement]

Characteristic	Any counseling (percent)	Individual counseling (percent)	Group counseling (percent)	Family counseling (percent)
Total	**52.7**	**70.0**	**47.4**	**17.6**
Age				
10–12	56.9	72.3	32.0	26.6
13–15	53.3	69.3	41.2	22.7
16–17	51.7	70.5	49.8	16.3
18–20	54.2	69.7	54.2	10.3
Sex				
Male	51.9	67.1	49.0	16.4
Female	57.2	84.5	39.7	23.6
Hispanic origin and race				
Not Hispanic				
White	55.7	72.0	50.8	20.5
Black or African American	51.8	66.5	44.3	12.2
American Indian or Alaska Native	53.0	72.1	43.6	16.0
Asian	58.7	76.3	54.8	18.3
Native Hawaiian or Other Pacific Islander	58.4	92.7	*	*
Other two or more race groups (non-Hispanic)	57.6	79.4	44.1	21.0
Hispanic	47.6	66.9	48.6	20.0

*Estimates are considered unreliable.

NOTE: The Survey of Youth in Residential Placement is a nationally representative survey of offender youth aged 10 to 20 in State and local facilities. The final sample consisted of 7,073 youth who were interviewed using an audio computer-assisted self-interview system.

SOURCE: Survey of Youth in Residential Placement, 2003, Office of Juvenile Justice and Delinquency Prevention.